

L11000099469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 26 P 2:21

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MAY 31 2016

SWAMPIN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIM INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GISELA SANCHEZ-MEDINA

Name of Person

GISELA SANCHEZ-MEDINA PA

Firm/Company

14665 SW 132 CT

Address

MIAMI, FL 33186

City/State and Zip Code

GISELASANCHEZMEDINA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GISELA SANCHEZ-MEDINA

305 9034760
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VIM INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/30/2011 and assigned
Florida document number L-11000099469.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14665 SW 132 CT

MIAMI, FL 33186

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, **Florida**

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VACCARO, GERARDO	16400 COLLINS AVE 2644	<input type="checkbox"/> Add
		SUNNY ISLES, 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GROUP VIM CORP	16400 COLLINS AVE 2644	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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2018 JUN 26 P 2:27
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TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some faint, small marks that appear to be staple holes or punch marks. The rest of the page is completely blank.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

_____, _____
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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2019 MAY 26 P 2:27
CLERK OF STATE
TALLAHASSEE, FLORIDA