Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I200800000€7 Phone

Fax Number

: (845)425-0077 : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VWPRF, LLC

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ectronic Filing Menu

Corporate Filing Menu

Help J. BRYAN

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILED WING

	VWPRF, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as It now appea da Limited Liability Company)	rs on our records.)	S.C.
The Articles of Organization for this Limited Liability Florida document numberL11000107712	· · ·	09/20/2011	and assigned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the !	imited liability company her	<u>'t</u> :	
The new name must be distinguishable and end with the value. "L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	D.D.ECC)		
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			
•			<u>.</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on o ddress here:	our records, <u>enter t</u> i	ne name of the naw
Name of New Registered Agent:			· ——————
New Registered Office Address:			
	Ên	ter Florida street addr	'ess
	City	, Florida	Zip Code
	c_{ny}		zip Coae

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 608, 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

MGR = Manager

MGRM = Managing Member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGRM	Judy Eckstein	60 Broad Street, Suite 3503 New York, NY 10004	Add 7 Remove
			Add Remove
			Add Remove
	,		Add Remove
	·		Add Remove
			Add Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necess	11 SE
 	September 23	2011	P 26 AM 9: 19 ETWAY OF STATE HASSEELFLORIDA
		nember or authorized representative of a member Mimi Sanik	
		Typed or printed name of signee Page 2 of 2	

Filing Fee: \$25.00