#211000111320

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

SUBJECT:	V	/RN LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspon	ndence concerning this matter	r to the following:			
	···	Antonio Regojo			
		Name of Person			
	Regojo Law, PA				
		Firm/Company			
	110	077 Biscayne Blvd #406			
		Address			
	Miami, FL 33161 City/State and Zip Code				
	E-mail address: (egojo@regojolaw.com to be used for future annual report not	ification)		
For further information co	oncerning this matter, please of	•			
Ante	onio Regojo	at (305)	814-8299		
Name of	Person		me Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee \$L. Octh. of 5794c	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

ARTICLES O	F ORGANIZATI	ION	FILE
,	OF	120	CT 1=
V	RN LLC	TALLA	FILED' ET 17 PM 1:22
(Name of the Limited Liability Co (A Florida Lim		* 1. 16 h	ASSEE ESTATE
(A Florida Lim	ited Liability Company)		-, LORIDA
The Articles of Organization for this Limited Liability Com	pany were filed on	9/28/2011	and assigned
Florida document numberL11000111320			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	nny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
	····		
Enter new mailing address, if applicable:			
- 11			
(Mailing address MAY BE A POST OFFICE BOX)			
			
D If amounting the projectional areast and/on projections	.a		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	eu omce auuress on o s here:	our records, <u>enter 1</u>	me name of the new
	•		
N. CN D. L. IA			
Name of New Registered Agent:			,,,,
New Registered Office Address:			
	En	ter Florida street ada	lress .
		. Florida	
·	City		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 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 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Miguel Alberto Cuadros	11077 BISCAYNE BLVD #406 MIAMI, FL 33161	Add Remove
MGR	Wess Gonzalez	11077 BISCAYNE BLVD #406 MIAMI, FL 33161	Add Remove
	AND SOUTH AND		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
			
 Dated	OCTOBER 12	2012	-
		iber or authorized representative of a member	
	ANTONIO REGOJO	O, AUTHORIZED REPRESENTATIVE ped or printed name of signee	
	lyt	Ded of Drinted name of Signee	

Page 2 of 2

Filing Fee: \$25.00