611000142658

(Requ	uestor's Name)	1		
(Address)				
(Address)				
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600262416166

08/01/14--01003--008 **25.00

THE AUG-1 PM 1:-15

E-British VILL J SOILE

COVER LETTER

TO: Registration Section
Division of Corporations.

SUBJECT: VM PROPERTIES OF SOUTH FLORIDA 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:

ALESANDRA CORREA

Name of Person

Whopeulus of South Floreda LLC

Firm/Company

6152 N SHALE Road 7 apt 108

Address

Caco mut Gay F FL 33073

City/State and Zip Code

Lemail address: (to Bested for future annual report notification)

For further information concerning this matter, please call:

Alexandra Area Code

Name of Persoa

To further information concerning this matter, please call:

Alexandra Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

6 \$25 00 Filling Fee

Certificate of Status

Certificate of Status

Certificate of Status & Certific

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White 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 12/21/11 and assigned Florida document number \(\text{L} \) 10001 \(\text{L} \) 26.58

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 end with the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

6152 N State Road 7 apt 10 COCOMH Crack , Florida 33073

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Name</u>	Address	Type of Action	
· · · · · · · · · · · · · · · · · · ·	 	Add	
		□ Remove	
		☐ Add	
		□ Remove	
		□ Add	
		□ Remove	
	 	DAdd	
,	<u></u>		_
		Remove	•
		·	
		□ Add	
		□ Remove	

Page 2 of 3

if amending any other information, enter change(s) here: panach tutamont sneets, if necessary.)
CHANGE MGR Molina Ricardo G address:
6152 N Starte Road 7 apt 108
Coconut Crek, FL 33073
Effective date, if other than the date of filing:
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated 07/26 14
ON Dille
Signature of a member or authorized representative of a member
RICARDO G. MOLINA
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

THE PARK OF SUR