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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VM PROPERTIES OF SOUTH FLORIDA LIC 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:
PICARDO MOLINA
Name of Person
Firm/Company
5842 NW 741h Terrace
Address
PARKLAND FL33067 City/State and Zip Code
City/State and Zip Code ALETOMAZINI Q VAHOO, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICARDO MULINA at 154, 8228904 Name of Person Area Code, Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

VM PROPERTIES OF SOU+H FLORIDA LLC

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

(A Florida Limited Liability Company)

(7	V Fromoa izminea izmining	Company			
The Articles of Organization for this Limited Lia Florida document number <u>L 11000 14</u>	bility Company were 2658	tiled on <u>12</u>]	21/2011	and assigned	ď
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited liability c	ompany here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability Cor	npany," the designat	ion "LLC" or the abbi	reviation "L.L.C."	
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)		_		<u> </u>
					<u> </u>
				1 9	4557
Enter new mailing address, if applicable:					. جند ا <u>تت</u> ت
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>	
				—————————————————————————————————————	
B. If amending the registered agent and/o registered agent and/or the new registered offi		address on our	records, enter t	- -	
Name of New Registered Agent:	PICA RDC	6. MOL	LINA		
New Registered Office Address:	5842 NI	W 741hT. Enter Florida str	UNACL eet address		
	PARKLA	ND	Florida	33067	
Name Designated County Commence if shamping De		Ϊty		гар Соне	
New Registered Agent's Signature, if changing Re	gisteren 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>	Address	Type of Action
MGR	VERNON, ANTHONY E	901 Harrison 54.	Add
	VERNON, ANTHONY E	Hollywood, FL 33019	Remove
			/ Change
			D Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			
			□ Remove
			□ Change
			Add
			□ Remove
			Change

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		교육 목장
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		i i
(If an effective Note: 1f t	date, if other than the date of filing:	
	od specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier 0 th day after the record is filed.	of:
Dated	July, 05. 2018.	
	_ Haura	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00