

L12000015941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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13 OCT -4 PM 9:05
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP SCREENING HOLDINGS
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUILLAUME ANGUET
Name of Person

VIP SCREENING HOLDINGS LLC
Firm/Company

1439 WEST AVE APT 405
Address

MIAMI BEACH FL 33139
City/State and Zip Code

gp.ldeck@gmail.com

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

For further information concerning this matter, please call:

GUILLAUME ANGUET
Name of Person

at (786) 704 1373
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**

VIP SCREENING HOLDINGS 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 FEB 02, 2012 and assigned
Florida document number L12000015941.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1439 WEST AVE. APT 405
MIAMI BEACH
FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1439 WEST AVE. APT 405
MIAMI BEACH
FL 33139

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:

GUILLAUME PINGUET

New Registered Office Address:

1439 WEST AVE. APT. 405

Enter Florida street address

MIAMI BEACH

City

, Florida

33139

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 Changing Registered Agent, Signature of New Registered Agent

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:

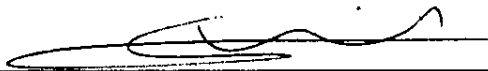
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SEVERINE PARRY	7933 WEST DRIVE	<input type="checkbox"/> Add
		APT 12A	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33141	
MGRM	GUILLAUME PINGUET	1439 WEST AVE	<input checked="" type="checkbox"/> Add
		APT 405	<input type="checkbox"/> Remove
		MIAMI BEACH FL 33139	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated SEPT 30 2013



Signature of a member or authorized representative of a member

GUILLAUME PINGUET

Typed or printed name of signee

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Filing Fee: \$25.00

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13 OCT -4 PM 9:05
CLERK OF DISTRICT COURT
HALL COUNTY, GEORGIA