

L120000029162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

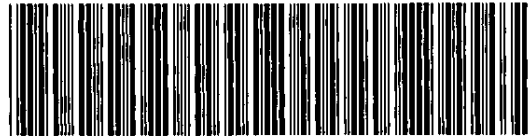
(Business Entity Name)

(Document Number)

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12 JUN 27 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 29 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP Custom Motorcycles, 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:

Wilson Caro
Name of Person

VIP Custom Motorcycles, LLC
Firm/Company

1 W. Linton Blvd # 18
Address

Delray Beach FL 33444
City/State and Zip Code

VIPCustomMotorcycles@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilson Caro at (954) 865-9865
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 27 AM 10:31

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VIP Custom Motor Cycles 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, 29, 2012 and assigned Florida document number L12000029162.

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)

Enter new 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:

Wilson A Caro

New Registered Office Address:

1400 29th St Delray Beach FL 33444

Enter Florida street address

Delray Beach

Florida

33444

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.

Wilson A Caro

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	CHRISTINA N NAGIB	1111 24th Street	<input type="checkbox"/> Add
		Delray Beach FL 33444	<input checked="" type="checkbox"/> Remove
MGR	Bernabe RODRIGUEZ	1421 W Wallace Dr	<input type="checkbox"/> Add
		Delray Beach FL 33444	<input checked="" 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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12 JUN 27 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____.

Signature of a member or authorized representative of a member

Wilson Caro
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2012

WILSON CARO
1 LINTON BLVD.
DELRAY BEACH, FL 33444

SUBJECT: V.I.P CUSTOM MOTORCYCLES,LLC
Ref. Number: L12000029162

We have received your document for V.I.P CUSTOM MOTORCYCLES,LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 312A00014231



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2012

WILSON CARO
1 WEST LINTON BLVD.
#18
DELRAY BEACH, FL 33444

SUBJECT: V.I.P CUSTOM MOTORCYCLES,LLC
Ref. Number: L12000029162

We have received your document for V.I.P CUSTOM MOTORCYCLES,LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 312A00015112