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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: VCP Malibu, 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:

## Trace H. McCreary

Name of Person

Firm/Company

1220 Park Ave. Apt. 7B

Address

New York, NY 10128

City/State and Zip Code

trace.mccreary@gmail.com

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

For further information concerning this matter, please call:

Byron B. Howell, Esq.

813, 205-6314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VCP MALIBU, LLC			
( <u>Name of the Limited</u> (A	<b>Liability Compa</b> Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on March 14, 2012	and assigned
Florida document number L12000036377	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
VCP ACQUISITIONS, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		1220 Park Ave. Apt. 7B	20
(Principal office address MUST BE A STREET ADDRESS)		New York, NY 10128	. us
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		C/O Trace H. McCreary	
		1220 Park Ave. Apt. 7B	9
		New York, NY 10128	<u> </u>
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:		owell, Esq.	
	Tampa	, Florida	33626
		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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member **Type of Action** <u>Address</u> **Title** <u>Name</u> Remove Remove Remove

D. If amending any other informati	on, enter change(s) here: (Attach additional sheets, if necessary.)
Dated November 4	2013
	Trace McCreary
	ture of a member or authorized representative of a member
Trace McCreary, Ma	inaging Member of Varden Capital Properties, LLC, Manager
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00