1200055751

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EXAMINER



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

SUBJECT:	V	V 2 LLC	
30 0 000001.		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		Eduardo Ruano Name of Person	
	Se	erber & Associates, P.A	
		Firm/Company	
	2875	N.E 191 Street, Suite 801	1
		Address	
		Aventura FL 33180 City/State and Zip Code	
	F-mail address:	r@serberlawfirm.com (to be used for future annual report not	ification)
For further information	concerning this matter, please	·	incurrent,
·	duardo Ruano	at (_305)	9326262
Name	of Person	Area Code & Dayti	me 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

V V 2 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 5/02/2012 Florida document numberL12000059751	and assigned
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 "L.L.C."	1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	ASS 128
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<u></u>	<u> </u>
D. If any discount of the second seco	om F
B. If amending the registered agent and/or registered office address on our records, enterestered agent and/or the new registered office address here:	r the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street of	address
Florida	
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 the provisions of all statutes relative to the proper and complete performance of my duties, and	agr coù 'y v 'I a ville wi d
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. (Or, da ne
being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	lin 'iab y
If Changing Registered Agent, Signature of New	Re d An t

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> **Type of Action** MGR Horacio Vigano 2875 NE 191 Street, Suite 801 Aventura FL, 33180 ☐ Add √ Remove ☐ Add Remove ___ Add Remove . ∏Add Remove □Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 05 2012 Dated _ _ Signature of a member or authorized representative of a member LORENA FELDMAN

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00