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SUBJEC	ν Τ.	OMEX LI	.C			
(*OB,JT.C			Name of Lin	nited Liability Company		
The encl	osed A	aticles of A	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn al	Leorrespor	idence concerning this matter	to the following:		
			Jose A. Fe	Preda Name of Person		_
			VOMEX LLC			
				Firm/Company		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			11936 SW 12	28 Place		
				Address		_
			Miami, FZ	33186		
			TPereda e	33/86 City/State and Zip Code Vomex. Net	ort notification)	_
For furth	er info	rmation co	ncerning this matter, please c	•	·	
		_	reda		190-0739	
		Name of	Person	Area Code	Daytime Telephone Numb	er
Enclosed	l is a ch	neck forzhe	e following amount:			
\$25.0	00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certific ed) Certific	rate of Status & ed Copy
		Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 (see, FL 32314	Registratior Division of Clifton Buil	Corporations lding tive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOMEX LLC			
(Name of the Limite	d Liability Compa	ny as it now appears on our records.) Liability Company)	
(A Florida Limited i	Liability Company)	7 . ~
The Articles of Organization for this Limited Lia	ability Company	were filed on May 16, 2012	ACC and assigned.
Florida document number L12000066299			
This amendment is submitted to amend the follo	wing:		ASSE 13
A. If amending name, enter the new name of	the limited liab	ility company here:	
The state of the s	the mitted han	mry company nere.	AH ID: 4
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE)	F A DDRESS	11936 S.W. 128	Place
Trincipal Office address WOST INDA STREET	ADDRESS	Miami FL 33	186
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE E</u>	<u>80X)</u>	11936 S.W. 14 Miami, F2 33	08 Place 3186
B. If amending the registered agent and/oregistered agent and/or the new registered off			nter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	11936	S.W. 128 Place Enter Florida street address	2
-		Enter Florida street address	
	Mian	7/ . Floric	_{la} 33/86
		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 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	Jeffrey E Lehrman	232 Andalusia Ave Suite 201 Coral	
			■ Remove
	0		Change
MGR	Betsy Pereda	119365W 128 Place Miami, FL 33186	= Add
			□ Remove
			Change
			🗅 Add
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C OP outing	date, if other than	4L - J4 F.E	March				1.	
f an effectiv	e date is listed, the date	must be specific	and cannot be	prior to date of fil	ng or more than s	optiona O days after filin	g.) Pursuant	to 605,0207 (
	he date inserted in thi s effective date on th				ry filing require	ments, this dat	e will not b	e listed as t
	d specifies a dela th day after the			not an effec	ctive time, at	: 12:01 a.m	. on the	earlier of:
		100010 13 111	_					
Dated <u>/</u>	pril 1		20	1/8				
7	\mathcal{A}_{λ}		7					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00