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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VOMEX LLC	
Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
JOSE A. PEREDA Name of Person VOMEX LLC	
Name of Person	
VOMEX LLC	
Firm/Company	
11936 SW 128 PLAC	EE.
Address	
Miami, FI 33186	
City/State and Zip Code	
J Pereda e vomex. 1.	
E-mail address: (to be used for future ann	iual report notification)
For further information concerning this matter,	please call:
JOSE A. PEREDA	at (305) 790-0739
Name of Person	Area Code & Davtime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOMEX LL	C				
	Liability Company as it Florida Limited Liability	now appears on our t Company)	ecords.)		
The Articles of Organization for this Limited Lial Florida document number	hility Company were t	_) and assigned	i
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of t</u>	he limited liability co	mpany here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability Con	npany " the designation	"I I C" or the abbr	eviation "L L C "	
Enter new principal offices address, if applical		party, the taxing minima	in the same and		
(Principal office address MUST BE A STREET					S S
-					SEC
Enter new mailing address, if applicable:				- 3	FILE OF CO
(Mailing address MAY BE A POST OFFICE B	OX)			i i	~ % \$C
					ΣA
B. If amending the registered agent and/or		ddress on our re	cords, <u>enter_tl</u>	ne name of the	e new
registered agent and/ox the new registered offi	ce address here:	\circ			
Name of New Registered Agent:	JOSE	A. PEREZ	A		
New Registered Office Address:	11936	SW 128	FLACE		
	MiAmi	Enter Florida street		33186	
	C)	ty		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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Title Address 1.1936-SW-128 PLACE Miami, FL-33186. MGR JOSE A. PEREDA ↓ Add ☐ Remove Change-_□ Add Remove __ Change □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _ Change □ Add □ Remove Change

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	HAY
	1.
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	<u>ූ</u>
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date if the date inserted in this block does not meet the applicable st iment's effective date on the Department of State's records.	cof filing or more than 90 days after filing.) Pursuant to 605.0 tatutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an energy after the record is filed.	effective time, at 12:01 a.m. on the earlie
d May 1 2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00