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## **COVER LETTER**

TO:	Registration Se Division of Co				
SUBJECT: VRSS, LLC					
3000	Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
	MARI GOMEZ				
		Name of Person	•		
CLIF		FORD R. RHOADES, P.	A		
Firm/Company					
	2141 LAKEVIEW DRIVE				
	Address				
	SEBRING, FL 33870				
	City/State and Zip Code				
		FRO E-mail address: (	NT@CRRPALAW.COM to be used for future annual report	notification)	
For fur	ther information	concerning this matter, please of	call:		
	M	ARI GOMEZ	at ( 863 )	385-0346	
	Name o	of Person	Area Code & Da	sytime Telephone Number	
Enclos	ed is a check for t	the following amount:			
☐\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
				, , ,	
	Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations Sox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng re Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VRSS, LLC						
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)					
The Articles of Organization for this Limited Liability Company were filed on05/17/2012 and assigned Florida document number L12000067067						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	11042 BLUE PALM STREET					
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION, FL 33324					
·						
Enter new mailing address, if applicable:	11042 BLUE PALM STREET					
(Mailing address MAY BE A POST OFFICE BOX)	PLANTATION, FL 33324					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her						
	SECTALL					
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	Enter Piorida street adaress					
	City Zip Gode,					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance of my duties, and I am familiar with And provided for in Chapter 608, F.S. Or, if this document is					

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 Title Name Address Type of Action MGR **GREG MILEWSKI** 3958 DAY BRIDGE PLACE □ Add ✓ Remove **ELLENTON FL 34222 LENAE BOSHART** MGR 11042 BLUE PALM STREET ☑ Add PLANTATION, FL 33324 ☐ Remove ☐ Add Remove □ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 22** 2012 Signature of a member of authorized representative of a member **GREG MILEWSKI** Typed or printed name of signee

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Filing Fee: \$25.00