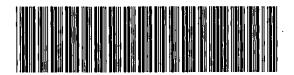
(Requestor's Name)				
(Ad	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(De	acument Number			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

OCT 1 8 2012

EXAMINER



900240006809

09/27/12--01015--014 **25.00

COVER LETTER

	Registration Section Division of Corporations	er ra
SUBJEC	VCP 2, LLC	
508020	Name of Limited Liability Company	
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning this matter to the following:	
	Jared Brunnabend	
	Name of Person	
	Vortex Capital Partners, LLC	
	Firm/Company	
	940 Lincoln Rd #319	
	Address	
	Miami Beach, FL 33139	
	City/State and Zip Code	
	jared@vortexcap.com E-mail address: (to be used for future annual report notification)	
For furthe	r information concerning this matter, please call:	
	Jared Brunnbend at (917) 805 5043	<u></u>
	Name of Person Area Code & Daytime Telephone Number	
Enclosed	is a check for the following amount:	
\$25.00	(additional copy is enclosed) Certified C	of Status &

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

VC	P 2, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears	s on our records.	
(A Fiorida Limi	ited Liability Company)		
The Articles of Organization for this Limited Liability Com	pany were filed on	06/11/2012	and assigned
Florida document numberL12000077015			•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	:	
		•	
The age of the district of the	9 to to 1 I to 1 I'm 6	29 (1	1.02
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compar	ny," the designation "L	LC" or the abbreviatio
5.5.6.			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	(S)		5.
		r r	<u> </u>
			27. 8 77
		Š	No exercises
Enter new mailing address, if applicable:		(.	7
(Mailing address MAY BE A POST OFFICE BOX)		· •	
		<u> </u>	7
D. If amounting the product of a section of the sec	1 60 11	<u> </u>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ur records, <u>enter t</u>	he name of the nev
registered agent and/or the new registered office address	incre.		
Name of New Registered Agent:			
Now Pagistanad Office Address			
New Registered Office Address:	Fnt	er Florida street add	NOCC.
	Enter Ftoriaa street adaress		
		, 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 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 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 **MGRM** Hochman, Eric ☐ Add 940 Lincoln Rd #319 Miami Beach, FL 33139 √ Remove Brunnabend, Jared MGRM 940 Lincoln Rd, #319_ ✓ Remove Miami Beach, FL 33139 MGRM Vortex Capital Corporation 940 Lincoln Rd, #319 Miami Beach, FL 33139 √ Remove Bayshore 77 Corporation MGRM 110 Washington Ave #2608 ☐ Add Miami Beach FL 33139 MGRM Vortex Investors, LLC **V** Add 940 Lincoln Rd #319 Remove Miami Beach FL 33139 \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 25 2012 Dated_ Signature of a member or authorized representative of a member Jared Brunnabend Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00