## L12000078875

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:	·		
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EXAMINER



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☐ Corporate/Development 2393 Townsgate Road, Ste. 100 Westlake Village, CA 91361 805-557-7300 • 888-582-2378 Fax: 805-557-7303

☐ Tour & Travel 3300 N. University Dr., Ste. 500 Coral Springs, FL 33065 954-575-2668 • 877-311-2378 Fax: 954-575-8275



VantageHospitality.com

Corporate/Operations/Financial 3300 N. University Dr., Ste. 500 Coral Springs, FL 33965 954-575-2668 • 877-311-2378 Fax: 954-575-8275

Maricaing □ 7181 Chagrif Kind Chagrin Falk OH 40 440-893-9269 • 886-316-2278 Fax: 440 47-229

June 15, 2012

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization of VCC Pro Shop LLC

Dear Sir/Madam:

Enclosed are the Articles of Amendment to Articles of Organization of VCC Pro Shop LLC and check number 128 in the amount of \$25.00 for the filing fees.

If you should have any questions, please do not hesitate to contact Bessie Petroutsas at (954) 575-2668, ext. 149.

Sincerely,

**VANTAGE HOSPITALITY GROUP, INC.** 

Karen Budreau Legal Assistant

/kb

Enclosures











## COVER LETTER

	tration Section' ion of Corporations			- 14.55 12.65 - 14.65
SUBJECT:	VCC PF	RO SHOP LLC		The
oobulet	<del></del>	ited Liability Company	<del>-</del>	_
The enclosed A	Articles of Amendment and fee(s) are sub	omitted for filing.		
Please return ai	Il correspondence concerning this matter	to the following:		
	BE	BESSIE P. PETROUTSAS		
		Name of Person		
	VANTAGE HOSPITALITY GROUP, INC.			
Firm/Company				
	3300 NORTH UNIVERSITY DRIVE - STE 500			
		Address		<del></del>
	CORAL	SPRINGS, FLORI	DA 33065	
		City/State and Zip Code		- <del></del>
	bpe	etroutsas@yahoo.	com	
For further info	rmation concerning this matter, please co		report notification)	
r or ruriner mile	minutes concerning this matter, please co	a11.		
	Bessie P. Petroutsas	at ( <u>954</u> )	575-2668 (ext. 1	
	Name of Person	Area Coo	le & Daytime Telephone Nun	iber
Enclosed is a ch	neck for the following amount:			
<b>▼</b> \$25.00 Filin	g Fee \$\bigcup\$\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy	is enclosed) Certif	Filing Fee, icate of Status & fied Copy ional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	Registra Division Clifton	T/COURIER ADDRESS  Ition Section  of Corporations  Building	:
Tallahassee, FL 32314		2001 EX	ecutive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## VCC PRO SHOP LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

		`&
Company were filed on	June 14, 2012	and assigned
<del>,</del>		
:		
mited liability company he	ere:	
vords "Limited Liability Comp	pany," the designation "Ll	LC" or the abbreviation
	<u></u>	
DRESS)		
<del> </del>		•
istered office address on	our records, enter th	e name of the new
<u>idress here</u> :		
<u> </u>		
Enter Florida street address		
, Florida		
City		Zip Code
	mited liability company he words "Limited Liability "Liability Liability "Liability "Liability" "Liability "Liability "Liability "Liability "Liability "Liability "Liability "Liability "Liability "Liability" "Liability "Liability" "Liability "Liability" "Liability "Liability"	istered office address on our records, enter the designation.  Enter Florida street address., Florida

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 Changing Registered Agent, Signature of New Registered Agent

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 <u>Address</u> Type of Action MGR Robert Moyle 3300 North University Drive - Ste 500 ☐ Add Coral Springs, FL 33065 ✓ Remove Roger J. Bloss MGR 3300 North University Drive - Ste 500 ☐ Add Coral Springs, FL 33065 **▼** Remove ☐ Add Remove ☐ Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 14 2012 Dated Signature of a member or authorized representative of a member Bernard T. Moyle Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00