## L12000094836

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone i	<del>/</del> /
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Name	)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
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SCORUTARY OF STATE

**S Warren** AUG 1 6 2015

## **COVER LETTER**

SUBJECT: V	1116, LCC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	-		
	LANDRA	E, Dimm	
	LANDRA	Name of Person	
	VINZ LLC		
		Firm/Company	
	4885 Hw	M AIA	
		Address	
	VERO Beach	City/State and Zip Code	
	.1	City/State and Zip Code	
	VIAZINVero	e 6 mail. Com to be used for future annual report notific	
	E-mail address: (	to be used for future annual report notific	cation) .
For further information co	oncerning this matter, please ca	all:	
7			L X
Name o	L. SIMM	at (112) 224-	1500
Nате о	rerson .	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

Registration Section
Division of Corporations

TO:

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

Vinz	Lic				
(Name of the Limited	Liability Company as it n Florida Limited Liability C	ow appears on ou company)	r records.)	<del></del>	
The Articles of Organization for this Limited Lial		ed on 7/2	2012	and assi	gned
Florida document number [ ] J J J J J J J J J J J J J J J J J J	<u>36</u> .				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability con	npany here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability Compa	any," the designati			C."
Enter new principal offices address, if applical	ole: Z	ANDRA	E Su	nm	
(Principal office address MUST BE A STREET	ADDRESS)				
	·			73	
			:		
Enter new mailing address, if applicable:	······		· · · · · · · · · · · · · · · · · · ·	<u>のみ</u>	
(Mailing address MAY BE A POST OFFICE B	<u> </u>			<u> </u>	
					0
B. If amending the registered agent and/or	r remistered office ad-	dress on our	records ento		of the new
registered agent and/or the new registered offi	ce address here:	ui cas on oui	, corus, corus	y manue	7 the new
	<b>-</b> > .	_	_ •		
Name of New Registered Agent:		ME	SIMM		
New Registered Office Address:	2ANDA 4504 S	Sunset Enter Florida stre	Drive et address		
	VER Beach		, Florida	32963	
	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.

f 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 Title Name <u>Address</u> **Type of Action** William G. Flood 3000 NASSAU DRIK MGRH □ Add Remove ☐ Change Betsy Flood MGRM 3000 NASSAN Drive □ Add Vers Beach, 12 32960 Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ≅ <u>≕</u>□ Remove N Add Remove □ Change

When the date of filing:  May 31 2016  Testive date, if other than the date of filing:  May 31 2016  Were Broth, A 31963  May 31 2016  If date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date in the Department of State's records.  Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Signature of a member or authorized representative of a member  The Signature of a member or authorized representative of a member  The Signature of a member or authorized representative of a member  The Signature of a member or authorized representative of a member  The Signature of a member or authorized representative of a member  The Signature of a member or authorized representative of a member  The Signature of a member or authorized representative of a member of signature of a member of a me	<u></u>	1		tor	Sola	MA	Nague	/ Menbe	<b>r</b>		
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			Signatur	re of a mem	ber or authoriz	ed represer	ntative of a	member	- SSE		- <b>m</b>
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Filing Fee: \$25.00