Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

Account Name : PAUL SALVER, P.A.

Account Number: 120020000087

Phone

: (954)389-1333 Fax Number : (954)389~1397

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:					

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J. HARRIS

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VIG, LLC			
(Name of the Limited Liability (A Florido)	Company as it now annears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co	mpany were filed on	8/17/2012	and assigned	
Florida document number L12000106453	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company her	œ;		
The new name must be distinguishable and end with the words "Limit	ited Liability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			_
			7	<u>.</u>
•			APR	2 2 2 1
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	·	<u> </u>		تام بردد ساکند
				<u>:</u> 우世
			ထု ့	<u>जर्</u> दा इ.इ.
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter	the name of the	new
Name of New Registered Agent:				
New Registered Office Address:				· —
	Enter Flori	da street address		
		, Florida		
	City		Zlp 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARTHA M. VIGNOLA	2721 EXECUTIVE PARK DRIV	/E ■ Add
		SUITE 4	☐ Remove
		WESTON, FL 33331	
`			Add
			Remove
			Add
			CI Remove
			DIVISION OF CO
			AM 8: 24
			□ Remove
			
			Remove

Đ.	If amending any other information, enter change(s) here: Ottawh additional sheets, if net vssawe, f
	the state of the s
	The state of the s
	The second secon
	and the second s
F.,	Effective date, if other than the date of filing: (But effective date must be specific cannot be prove to date of receipt or filed date and cannot be must from 90 days after the date this date unless the filed by the Forda Department of State)
	Direct & 4/3/1/14
	sporting of a member or authorized representative of a monther.
	FERNANDO A. CALIMARIS LENZI

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