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1. Shivers JUN 1 6 2014

## **COVER LETTER**

Division of Corp			
SUBJECT:	Voga E Name of Lim	lements LLC ited Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dan	Name of Person	
	J082	Elements, Ll	<u> </u>
	10B C	arillon Market	: St Suite1
		City Beach, F City/State and Zip Code	
	hello C ( E-mail address: (	Jogz Elements 10 to be used for future annual report notifi	8. (on cation)
For further information co	oncerning this matter, please c	all:	
Dzwn B. Name of	Person	at (850) 866 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MATTE	NC ADDRECC.	CTREET/COVERIN	ND ADDRESS

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

VI J	ents, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	<del></del>
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on 9/13/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Dawn Brooks 104 Hensington Civ Panam 2 City Beach,	FL 324/13
B. If amending the registered agent and/or registered office address here:		the name of the new
Name of New Registered Agent:	i i	; >:
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		ā: 7
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office of	erformance of my duties, and I am vovided for in Chapter 605, F.S. Or	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

**Title** <u>Name</u> **Address Type of Action** Laurz L. Jansen 1303 Cherry St - Add Panama City ; FL 32401 Kremove ☐ Add ☐ Remove □ Add ☐ Remove □ Add Remove . □ Add □ Remove

D.	If ame	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	-	·		
	-			
	-			
	•			
	(The effe	ive date, if other than the date of filing:  (optional)  extive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)		
	Dated			
		Dain on Brake		
		Signature of a member of authorized representative of a member		
		Dawn M. Brooks		
		Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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