Division of Corporations Electronic Filing Cover Sheet

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(((H13000149009 3)))



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To:

| Division of Corporations | Fax Number | (850) 617-6383 | From:

| Account Name | ISAAC MATZ P.A., C.P.A. | C.P.A. | Account Number | I20040000029 | Phone | (305) 573-6640 | Fax Number | (305) 675-6200 | C.P.A. |

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

Email Address:

3 JUL -2 AM 6: 5: ECRETARY OF STATE

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VATOMAREM INVESTMENTS LLC

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Estimated Charge	\$25.00

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ISAAC MATZ PA CPA

PAGE 02/04

Fax Audit Number H13000149009 3

		COVER LETTER			
TO: Registration S Division of Co					
SUBJECT:	Vatoma	rem Investments LLC	>		
	Name of	Limited Liability Company			
The enclosed Articles of	f Amendment and fee(s) a	re submitted for filing.			
Please return all corresp	ondence concerning this :	natier to the following:			
		JAY L BORSKY		7"1 P-3	
		Name of Person			_
		ISAAC MATZ PA		2019 JUL SEGRET	1274
•		Firm/Company		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
		2742 BISCAYNE BLVI	כ		; · · ·
		Address	<del></del>	. <b>G</b>	₹.,
		MIAMI FL 33137		्रं में अ	
		City/State and Zip Code		,	
		JAY@MIAMI-TAXES.CC	M ·		
		ess; (to be used for future unnual rep	oori notification)		
For further information of	concerning this matter, pic	ease call:			
JA	Y L BORSKY_	at ( 305 )	573-6640		
Name (	of Person		Daytime Telephone Number	1	

Fax Audit Number H13000149009 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mataraanana finina sana sana 110

(Name of the Limited Link	arem investments LLC bility Company as it now appear ida Limited Liability Company)	's on our records.)	
(A Pior	108 Limited Liability Company)		
The Articles of Organization for this Limited Liabili	ty Company were filed on	09/21/2012	and assigned
Florida document numberL12000121104	<u>1</u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	۵۰	SE 2
		z·	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation	"LLC" ör the atibreviatio پن
Enter new principal offices address, if applicable	<b>;</b>		7-11
(Principal office address MUST BE A STREET AL	ADDECC!	<u></u>	
	<del></del>		
Enter new mailing address, if applicable:			
(Malling address MAY BE A POST OFFICE BOX	n		
MILLIAN RULLIESS WAT DEA POST OFFICE BOX	<u> </u>		
		<del></del>	<del></del>
B. If amending the registered agent and/or re registered agent and/or the new registered office s		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	•		
	Ent	er Florida street ad	idress
		, Florida _	
<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered 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

Page 1 of 2

## Fax Audit Number H13000149009 3

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	Pablo A Garcia Arrebola	19501 W Country Club Dr. Aventura EL 33180 US	Add ☑ Remove
MGRM	Vivlana R Haslbeck	19501 W Country Club Dr. Aventura, FL 33180 US	Add 7 Remove
MGRM	Vatomarem Corporation	19501 W Country Club Dr Aventura, FL 33180 US	✓ Add — Remove
			Add Remove
			☐Add =
			DAdd P
D. If amendi	ng any other luformation, enter change(	s) here: (Attach additional sheets, if necessary.)	<u>चिह्न</u> 35
Dated	June 28 , 201		
_		rauthorized representative of a member	<del></del>
_		HORIZED REPRESENTATIVE	<del>-</del>
	t Abea or	humon usus of zilines	

Propared by: Isaac Matz PA 2742 Biscayne Blvd Mismi, FL 33137 Tel 305-573-8640 Fex 305-875-6200

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