

L/2000/22022

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000288776 3)))



H120002887763ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VANK REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

A. LUNT

DEC 11 2012

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2012 DEC 10 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 DEC 10 PM 1:02

FILED

RECEIVED

H12000288776  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VANK REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/24/12 and assigned  
Florida document number L12000122022

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

815 N.W. 57 AVE STE 205  
Miami, FL 33126

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

815 NW 57 AVE STE 205  
Miami, FL 33126

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

Florida

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 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

FILED  
2012 DEC 10 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H12000200...  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

STATE OF FLORIDA  
MILWAUKEE COUNTY  
CLERK OF COUNTY

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE JOUIM MASVIDAL MGRM ADDRESS TO:  
815 N.W. 57 AVE MIAMI, FL 33126

Dated December 10, 2012

*J. Mill*  
Signature of a member or authorized representative of a member  
Jouim Masvidal  
Typed or printed name of signer

H120002887.76