

#L12000126089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

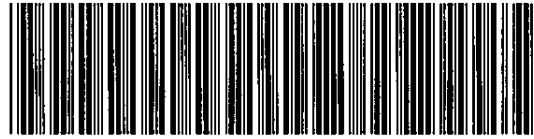
(Business Entity Name)

(Document Number)

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2014 JUN -2 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
EXAMINER  
JUN - 9 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

VM FOOD USA, L.L.C.

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heidi Uuranniemi

\_\_\_\_\_  
Name of Person

Heidi H. Uuranniemi, P.A.

\_\_\_\_\_  
Firm/Company

7634 NW 6th Ave.

\_\_\_\_\_  
Address

Boca Raton, FL 33487

\_\_\_\_\_  
City/State and Zip Code

heidi522@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heidi Uuranniemi

561 994-0280

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**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

VM FOOD USA, L.L.C.

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

FILED  
2014 JUN -2 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/03/2012 and assigned  
Florida document number L12000126089

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 "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)

**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 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

Authorizing the Managers of Authorized Member on our records, check the title, name and address of each manager of

**Authorized Member being added or removed from our records:**

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>                   |
|--------------|-------------|----------------|-----------------------------------------|
| AMBR         | Miika Lilja | Varjantie 6    | <input checked="" type="checkbox"/> Add |
|              |             | 17200 Vaaksy   | <input type="checkbox"/> Remove         |
|              |             | FINLAND        |                                         |
|              |             |                | <input type="checkbox"/> Add            |
|              |             |                | <input type="checkbox"/> Remove         |
|              |             |                | <input type="checkbox"/> Add            |
|              |             |                | <input type="checkbox"/> Remove         |
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|              |             |                | <input type="checkbox"/> Remove         |

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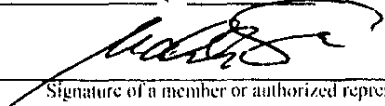
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 29 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Markku Lilja  
\_\_\_\_\_  
Typed or printed name of signee