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DIVISION OF CORPORATION

C. LEWIS 16 2012 EXAMINER

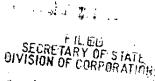
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	ation Section of Corpor		the state of the s	s,° ¥e	
	νλοΫ	SEZVICES LLC	•		· .
SUBJĒCT:	VAT		led Liability Company	· :	~*
					•
The enclosed Art	tiçles of Ame	endment and fee(s) are sub	mitted for filing.	,	·
Please return all	corresponde	nce concerning this matter	to the following:	·	
	-	Jase' Pave	/ AZRATIA	<u> </u>	
			Name of Person	, e	,
	_	VAPP SEZVICE	Firm/Company.		
•			Firm/Company		
	~	251 Galen Drie	ve Apt 304 Address		, "
			Address	, *** · · .	
	_	Key Biscayne	Experiment of the control of the con		
		1	City/State and Zip Code		
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For further inform	mation conce	erning this matter, please co	•	ion)	ķ
José	Pave/	Arratia son	at (786) 406 - 533 Arca Code & Daytime T	delephone Number	-
•	•			· · · · · · · · · · · · · · · · · · ·	, ,
Enclosed is a che	eck for the fo	llowing amount:		்க	
□ \$25.00 Filing	Fee 2	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	tatus &

MAÎLING 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 22201 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



•		San Ma tella
- VAPP SEZ VICES	266	2012 NOV 15 PH 12: 53
(Name of the Limited Liability Compar (A Florida Limited L		our records.)
		4
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>∠12000/328/6</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		,
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ted Liability Company,"	the designation "LLC" or the abbreviation
		•
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)		
Muung uuress MAT BE AT OST OFFICE 180A)	·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter I	Torida 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 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** <u>Name</u> **Address Type of Action** MANUEL M. F MGRH Remove Add Remove Remove Add Remove Add

Remove

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