

L13000017813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

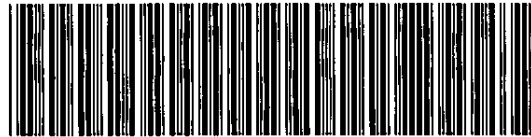
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April 11, 2014

**Via Federal Express**

Division of Corporations  
Registration/Amendment Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: VAG-TF II, LLC**

Dear Sir/Madam:

Enclosed please find the original Articles of Amendment to Articles of Organization of VAG-TF II, LLC for filing, and an additional copy of same. Please issue a certified copy, once filed. Attached is our check no. 13506 in the sum of \$55.00, made payable to the Department of State, representing the fees for filing and a certified copy.

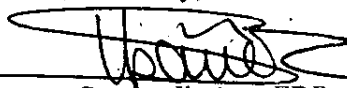
Then, please have the certified filed Articles of Amendment sent to the Apostille Section for Authentication (Apostille) by them. Our check no. 13505 in the sum of \$10.00, made payable to the Department of State, is attached for the Apostille.

Please be advised that the authenticated (Apostille) document will be used in Hungary.

I have enclosed a return Federal Express envelope for your use.

If you require anything further, or have any questions or comments, please do not hesitate to contact me. Thank you in advance for your attention to this matter.

Sincerely,



Susana Ibañez, FRP  
Florida Registered Paralegal

/s/  
Encls.

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VAG-TF II, 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 February 4, 2013 and assigned  
Florida document number L13000017813.

This amendment is submitted to amend the following:

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

n/a

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)**

325 N.E. OLIVE WAY

BOCA RATON, FL 33432-4147

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

325 N.E. OLIVE WAY

BOCA RATON, FL 33432-4147

**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:

n/a

New Registered Office Address:

*Enter Florida street address*

*City*

*, Florida*

*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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
MGR	MITCHELL L. TAYLOR	4800 N. FEDERAL HIGHWAY	<input type="checkbox"/> Add
		SUITE 102D	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33431	
MGR	DARRIN DUNLEA	325 N.E. OLIVE WAY	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432-4147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 CLERK OF COURT  
 JUDICIAL DISTRICT 19A

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

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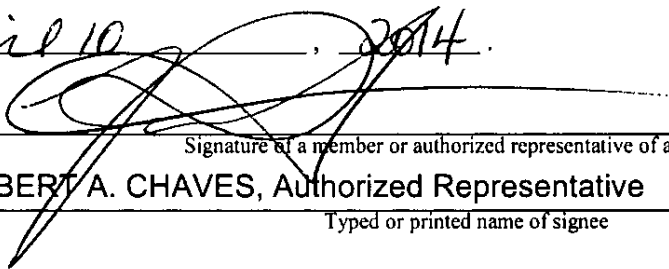
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 April 10, 2014.



Signature of a member or authorized representative of a member

**ROBERT A. CHAVES, Authorized Representative**

Typed or printed name of signee

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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