113000018951

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Orty/State/Zipir Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corp			
SUBJECT:	vckeye Cap Name of Limite	d Liability Company	11c
•			
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
		Name of Person (a) +a +a di Firm/Company	
		Firm/Company	7
	3297	NW 53 NO CIPE	<u>le</u>
	Boca	Ratom F1 33 City/State and Zip Code	496
		be used for future annual report notificati	
For further information co	ncerning this matter, please ca	·	,
M. Same of	Senberg Person	at (<u>5/6)</u> <u>8/8 7/</u> Area Code & Daytime Te	48 Jephone 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

FILED 2013: SEP 19 PM 12: 13

O.	CCOnne
B. K. Call	SECRETARY OF STATE FALLAHASSEE, FLORIDA
. (Name of the Limited Liability Compan (A Florida Limited Li	ay as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2/4/13}{}$ and assigned
Florida document number <u>443000018951</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3897 NW 5310 CINCLE Doca Katon Fl 33496
(Principal office address MUST BE A STREET ADDRESS)	Doca Katon Fl 33496
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Bagg NW 53 NO CRELE For Rating FJ 33496
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	Some Registered Agent
New Registered Office Address: 329	5 Ame Registered Agens 7 NY 53 PB CIrcle Enter Florida street address
Boc	City, Florida 33496 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGKM	Michael Esenberg	Boca Raton FJ 33496	Add
	,	Boca Raton F1 33496	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			
			Add
			Remove
			Add
			Remove

	N/A
	only Address change
	,
estember	17, 2013
90,000	
	Signature of a member or authorized representative of a member
 	Michael Esemberg Typed or printed name of signee
	Dago 2 of 2

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