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JUN 21 2016 S. YOUNG

COVER LETTER

TO: ' Registration Se Division of Cor			•	
THE VPB (GROUP, LLC			
SOBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LUIS VILLAMIL			
		Name of Person		
		Firm/Company		
	21132 SW 91ST CT			ş,
		Address		~ · · · · · · · · · · · · · · · · · · ·
	CUTLER BAY, FL. 33189			C 5% 20 AMER 55
		City/State and Zip Code		
	LRVILLAMIL@HOTMAI		····	
	E-mail address: (to be used for future annual report notifi	cation)	, may
For further information of	concerning this matter, please co	all:		J.
LUIS VILLAMIL		786 286-5355		
Name o	of Person	Area Code Daytime	Telephone Number	-
Enclosed is a check for the	he 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 Fe Certificate of St Certified Copy (additional copy is	tatus &

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

(Name of the Limited Links)	G. Company of it now oppose on our	woonwdg \
(A Florid	ity Company as it now appears on our a Limited Liability Company)	records.
The Articles of Organization for this Limited Liability Organization for this Liability Organization f	Company were filed on 04/01/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		and the second s
(Mailing address MAY BE A POST OFFICE BOX)		1
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		7.0
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SUSANA FLORES	21132 SW 91ST CT CUTLER BAY, FL . 33189	⊟ Add
			☐ Remove
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an effective date is listed, ote: If the date inserte	er than the date of file, the date must be specific and the date in this block does no	and cannot be prior of meet the applic	able statutory filing	option (option of the properties) (option of the	iling.) Pursuant to 605.0
ocument's effective da	ite on the Department o	of State's records.			
	a delayed effective	e date, but no	t an effective ti	ime, at 12:01 a.	m. on the earlier
e record specifies The 90th day afte	er the record is file				
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The 90th day afte	er the record is file		orize(representative		

Page 3 of 3

Filing Fee: \$25.00