# L13000005904

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
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2015 JUN - 1 PM 3: 48

Mic. Brock

## **COVER LETTER**

SUBJECT: VPI	HOSP I TA U Name of Limit	TY GROP, LLC ted Liability Company	· 
The enclosed Articles of Am Please return all corresponde	•	-	
riease return an corresponde	nce concerning this matter to	o the following.	
,	FRANCO	DIS DA COSTA Name of Person	
	VPI H	OSPITALITY GRC Firm/Company	OP, LLC
	9874	MOSS ROSE WA	4
		Address	
	OKLAN	City/State and Zip Code	,2
•			
**	E-mail address: (to	UK @ VPI HOSPIT to be used for future annual report notification	ALITY.COM
For further information conce			
FRANCOIS Name of Per	DA COSTA	at (407) 232  Area Code Daytime T	Celephone Number CORNEL 3: 48
Enclosed is a check for the fo	ollowing amount:		, , , , , , , , , , , , , , , , , , ,
	□ \$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:

TO:

Registration Section **Division of Corporations** 

> 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

VPI HOSIITA (Name of the Limited Limit	ALT TY GROUP LLC ability Company as it now appears on our reco forida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabili Florida document number <u>L 1300006590</u> L		2013 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words		LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our reco	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	'dress
_		, Florida Zip Code
	City	<i>ыр</i> Соае

### 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

Title	<u>Name</u>	Address	Type of Action
SECRETARY	RICARDO PEREIRA	9874 MOSS KOJE WAY	
		ORLANDO FL 32832	🗷 Remove
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rective date, ir othe n effective date is listed	er than the date of i	ic and cannot be	prior to date of fili	ng or more than 90	( <b>option</b> : days after fil	<b>al)</b> ing.) Pu	rsuant to	605.02
ote: If the date insert	ted in this block does	not meet the ap	plicable statutor					
cument s effective da	ate on the Department	or State's reco	ords.					
record specifies. The 90th day afte	a delayed effecti er the record is fi	ve date, but led.	t not an effec	tive time, at	12:01 a.n	n. on	the ea	arlier
and Mail	, 28	20						
ited <u>May</u>	6							
		-18	,					
	ν,							
<del> </del>	Signature	of a member or	authorized represe	entative of a memb	er			_

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