## 3000077738

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B. BOSTICK

AUG - 1 2013

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp		
SUBJECT: VIRA	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	JOEL ELLISON	
	Name of Person	-
	VIRAGE MANAGEMENT LLC	
	Firm/Company	-
	5832 ALTON RO	
	Address	-
	MIAMI BEACH, FL, 33140	
	City/State and Zip Code	2013 JUL 31 SECRETARS
	E-mail address: (to be used for future annual report notification)	E 3
For further information co	oncerning this matter, please call:	SEF
JOEC ELLIE	#( - <u>- ) 100 100</u>	1 PM 12: 30
Name of	Person Area Code & Daytime Telephone Number	* 35
Enclosed is a check for th	e following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certifie	ate of Status &

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

VIRAGE MANAG	EMENT LLC			
(Name of the Limited Liabi (A Florid	lity Company as it now la Limited Liability Com	appears on our record npany)	<u>ls.</u> )	
Articles of Organization for this Limited Liability Company were filed on 5 29 203 and assigned rida document number 1300077738.				
This amendment is submitted to amend the following	:			
A. If amending name, <u>enter the new name of the l</u>	imited liability comp	anv here:		
$\rho$			¥	
The new name must be distinguishable and end with the "L.L.C."	words 'Limited Liability	Company," the designa	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	ala <u>Marija di Jako</u> kaya amaga pan		7AL.	
(Principal office address MUST BE A STREET AD	DRESS)			
			SEE PH	
Enter new mailing address, if applicable:	<del></del>		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reqregistered agent and/or the new registered office a N/P  Name of New Registered Agent:		ess on our records, <u>e</u>	enter the name of the new	
New Registered Office Address:				
	Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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
<u>mer</u>	MATISONN MOI	18101 COLLINS AVE # 4306	Add
	·	SUMMY ISLES BEACH	Remove
		FL 33160	
			Add
			Remove
			Add
		<del></del>	Remove
		TA C	2013
		A S	
		יין ניין ריין	Remove
		080 80	2013 JUL 31 PH 12: 30
			Add
			Remove
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	7 29 13
	Signature of a member or authorized representative of a member
	JOEL ELLISON
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUL 31 PM 12: 31