L17000079357

_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

_____
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COVER LETTER

SUBJECT: __VME GROUP INTERNATIONAL LLC__
                Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

__JEAN PIERRE BRUNOIS__
           Name of Person

__VME GROUP INTERNATIONAL LLC__
           Firm/Company

__1717 N. BAYSHORE DR # 3847__
           Address

__MIAMI, FL 33132__
           City/State and Zip Code

__CONTACT@GROUPVME.COM__
           E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__JEAN PIERRE BRUNOIS__ at (__786__) __502-1842__
       Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                         Certificate of Status   Certified Copy   Certificate of Status &
                                       (additional copy is enclosed)   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

VME Group International 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 _5/31/2013_ and assigned

Florida document number _L13000079353_ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

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: _1717 N. Bayshore Dr # 3847_

(Principal office address MUST BE A STREET ADDRESS)   _Miami FL 33132_

Enter new mailing address, if applicable: _1717 N. Bayshore Dr # 3847_

(Mailing address MAY BE A POST OFFICE BOX)   _Miami FL 33132_

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _Jean-Marc Picco_

New Registered Office Address: _1717 N. Bayshore Dr # 3847_

                                    Enter Florida street address

   Miami   , **Florida** _33132_

         City   _Zip Code_

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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, <u>Signature of New Registered Agent</u>

Page 1 of 3

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

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	

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

_____

_____

_____

_____

_____

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 __JULY 29TH__ , __2014__ .

_____
Signature of a member or authorized representative of a member

__JEAN-PIERRE BRUNOIS__
Typed or printed name of signee