# L13000084177

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(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL = 9 2015 T. HAMPTON

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	NARY LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	VINCENT C	Name of Person	nember
	VINARY	Firm/Company	
	5301 CUEN	VELAND ST, Address	·
	HOLLYWOD	FL 33021 City/State and Zip Code	
		rade should state to the used for fixture annual report notif	
For further information c	oncerning this matter, please ca	all:	
Vi NCOW Ci)	Aconin , MCR MAN f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

VINARY, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears of d Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Compar	ny were filed on	ochulis	and assigned
Florida document number <u>L13000084177</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lin	ability company here	<b>:</b>	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the desi	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			15 SEC
		·	3 E 11
			NSS &
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			$F_{S} = \mathcal{O}$
			ORATE ORA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:		

New Registered Agent's Signature, it 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 or removed	g Authorized Person(s) authorized to ne from our records:	nanage, <u>enter the title, name, and address of each</u>	person being added
MGR = M $AMBR = A$	lanager .uthorized Member	aritan Name Charles ON	<b>-</b> 4
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MARIA A. MIRAMBER	L 5301 CLEVERAND ST.	Add
		HOW/WOOD, FL 3302/	G Remove
			Change
Marin	MARIA A. GIACONIA	5301 CLEVELAND ST.	B Add
		HOLLYWOOD FL 33024	☐ Remove
			Change
	4./		Add
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Note:	e date, if other than the date of filing:	605.0207 ( listed as tl
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 0th day after the record is filed.	rlier of:
Date	JUNE 25 TH , 2015.	·
Dated	1000 25 100s	
		20 \$ mark

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Filing Fee: \$25.00