13000	0084374
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	FILED BOOZ490886778 MINSSEE, FLORIDA
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	06/21/1301010030 **25.00
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TO: Registration Section Division of Corporations

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SUBJECT:	Vihasa, LU	2 (113000084374)
	Name of Lim	ited Liability Company

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

Please return all correspondence concerning this matter to the following:

Felicia Drarani Name of Person Firm/Company 4570 00/000 Address Orlando 1 - F (City/State and Zip Code fel mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felicia Dhanan at (321) Lele3-0262 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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	F AMENDMENT TO ORGANIZATION OF	FILED 2013 JUN 21 PH 12: 12 Secretary of state
		TALLAHASSEE, FLORIDA
VIKASA, L		cords.)
(<u>Name of the Limited Liability Com</u> (A Florida Limite		_
The Articles of Organization for this Limited Liability Compa Florida document number <u>L1300008437</u>		<u>113</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and end with the words "L. "L.L.C."	imited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	,	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:	. <u>.</u>	
New Registered Office Address:		11
	Enter Florida	street address
	, Fl	lorida Zip Code
Now Desistand Agentle Signature if thereine Desistand Agent	-	Lip Code
New Registered Agent's Signature, if changing Registered Age	2014.	

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

Page 1 of 3

, If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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,

<u>Title</u>	Name	Address	Type of Action
Merm	Andrew Walsh	2875 S. Orange Ave	Add
		Orlando, FL 32806	Remove
		<u></u>	
	<u></u>	· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Add
		·····	Remove
<u></u>		,	Add
		<u></u>	Remove
		, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	
<u></u> .			Add
			Remove
			Add
			Remove

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

,

Dated June 15, 2013_,
Dated Subte 15, 2015,
Signature of a member authorized representative of a member
Felicia Dhanani
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED 1111 21 PH 12: 12 SECHETARY OF STATE SECHETARY OF STATE