

# L13000154022

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN 21 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GROUP V.O.M., 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:

**Kevin A. DiTanna, Esq.**  
Name of Person

**Hyde Park Law Firm**  
Firm/Company

**2506 W. Platt Street**  
Address

**Tampa, Florida 33609**  
City/State and Zip Code

**ditanna@hydepark-law.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Kevin A. DiTanna, Esq.** at **813 872-8900**  
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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2014 JAN 17 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GROUP V.O.M., 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 October 31, 2013 and assigned Florida document number L13000154022.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

VINCENZO OPPEDISANO

New Registered Office Address:

838 Callista Cay Loop

*Enter Florida street address*

Tarpon Springs

Florida

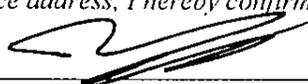
34689

*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 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vincenzo Oppedisano	838 Callista Cay Loop	<input checked="" type="checkbox"/> Add
		Tarpon Springs, FL 34689	<input type="checkbox"/> Remove
MGRM	Vincenzo Oppedisano	115 Dimpirre Avenue	<input type="checkbox"/> Add
		Candiac QC J5R 6P5 Canada	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

**ARTICLE IV - Management shall hereafter read as follows:**

The Limited Liability Company is to be managed by a Manager or Managers, as set forth in the Operating Agreement for the Company, as amended. Vincenzo Oppedisano of 838 Callista Cay Loop, Tarpon Springs, Florida 34689 shall be the initial Manager, until his successor is appointed, as set forth in the Operating Agreement, as amended.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 1, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Vincenzo Oppedisano  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**