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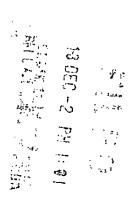
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COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT: VM	N ELECTRI	IC LLC			
· · · · · · · · · · · · · · · · · · ·	Name of Limit	ted Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	Lonny N	Jetherland Name of Person			
	J	Name of Person			
	- TWN	Electric LL	<u>-</u>		
		Firm/Company			
	5092 Ba	ight Calaxy Ln			
		Address			
	(rreenacres	City/State and Zip Code			
	lonnyne	th a gmail. Com			
		-	n)	. 10. 4	
For further information con	cerning this matter, please c	all:			
		at (;
Name of P	Person	Area Code & Daytime Tele	ephone Number		
			į.		
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 F Certificate of Certified Cop (additional co	Status &	ed)

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

(Name of the Limited Liabili (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document numberL13 000 1 6 0 55	Company were filed on	1/13	_ and assigned	l
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," t	he designation "LLC	" or the abbrev	iatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
		300 y	3.7	
Enter new mailing address, if applicable:		;) (Sec.)	
(Mailing address MAY BE A POST OFFICE BOX)			· '\(\frac{1}{2}\)	
	 		7	·.
		ja ji ili Ja ji ili Marii - r	e 50	1
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, <u>enter<u>ë</u>the</u>	name of the	nev
Name of New Registered Agent:				
New Registered Office Address:	Enter Fl	orida street addres.	<u> </u>	
	City	, Florida	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 **Title Name Address** Type of Action MGRM Lonny Netherland 5092 Bright Galaxy Ln. Wadd Greenaures Fl 33463 Rema Remove Remove

`an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
l	November 29 11, 2013.
	th l
	Signature of a member or authorized representative of a member
	Long Netherland
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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