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COVER LETTER

Division of Corpo	rations					
SUBJECT: VZW 2	200, LLC					
30B0EC1.	Name of Limit	ed Liability Company				
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.				
Please return all correspond	ence concerning this matter	to the following:				
	Preston O. C	Cockey, Jr.				
		Name of Person				
	Preston O. C	Cockey, Jr., P.A.				
		Firm/Company				
	110 E. Madis	son St., Suite 204				
		Address				
	Tampa, FL 3	33602		3 1	20	
		City/State and Zip Code			ធ 0	
	Gnowal Banail address: (to	L e vantace 110. Con o be used for future annual report notification	<u>)</u>	差別	2013 DEC 19	
For further information con	cerning this matter, please ca	all:		RY 6		Brak.
Greg Nowak		at (727) 302-8040	1	TARY OF STATE	PM 1: 2	£12.00
Name of P	erson	Area Code & Daytime Tele	phone Number	見る	2	
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 Filin Certificate Certified ((additiona	of Status Copy		ed)

MAILING ADDRESS:

TO:

Registration Section

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

VZVV 200, LLC	
(<u>Name of the Limited I</u> (A l	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number L13000173623	ability Company were filed on December 16, 2013 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
Van VZW 200, LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	<u> [ADDRESS]</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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 **Type of Action** <u>Name</u> <u>Address</u> Remove Remove Remove Add Remove Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	December 18 2013
_	Olya Daniel
	Signature of a member or authorized representative of a member
	Preston O. Cockey, Jr.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

