

Jul. 24. 2014 3:06 PM
L14000001196
BUSINESS CHOICE, INC. FAX 6627 1st P. 1-1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : BUSINESS CHOICE, INC.
Account Number : I20010000004
Phone : (954) 782-1829
Fax Number : (954) 697-0245

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VICKIGER LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
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TALLAHASSEE, FLORIDA

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B. BOSTICK

JUL 25 2014

EXAMINER

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Help

**TO
ARTICLES OF ORGANIZATION
OF**

VICKIGER, 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 01/03/2014 and assigned Florida document number L14000001196.

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)

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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: Nelida Garcia

New Registered Office Address: 800 N.E. 195th Street # 220

Enter Florida street address

Miami, Florida 33179

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

11 Jul 24, 2014 3:45PM AUTH BUSINESS CHOICE TAX EXPERTS After the title, name, and No. 66271 casp. 3 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	Nelida Garcia	800 N.E. 195th Street # 220	<input checked="" type="checkbox"/> Add
		Miami, FL 33179	<input type="checkbox"/> Remove
MGR	NELIDA BLANCO RODRIGUEZ	800 N.E. 195th Street # 220	<input type="checkbox"/> Add
		Miami, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. **Jul. 24. 2014** 3:45PM **ma BUSINESS CHOISE TAX EXPERTS** additional sheets, if neces. No. 6627 P. 4
Add FEIN : 46-5503975

E. **Effective date, if other than the date of filing:** _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **07/24**, **2014**



Signature of a member or authorized representative of a member

Nelida Garcia

Typed or printed name of signee

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