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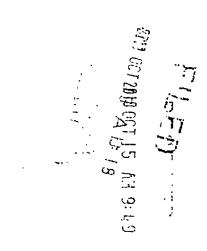
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Special Instructions to I	Filing Officer:	





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COVER LETTER

Division of Co			
	MI SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	sondence concerning this matter	to the following:	
	CHRISTIAN CANACHE		<u>ئ</u>
	TOTAL TRUST LLC	Name of Person	2 <u>2</u>
	1110 BRICKELL AVENU	Firm/Company FE STE 430	<u></u>
	MIAMI FLORIDA 33131	Address	
	ecanache@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
CHRISTIAN CANAC	HE	305 3027983	
Name	of Person	at () Area Code Daytim	e 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)
Regis	LING ADDRESS: stration Section tion of Corporations	STREET/COURI Registration Section Division of Corpor	n

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIP MIAMI SERVICES LLC				
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on o liability Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number L14000011441	Liability Company	were filed on)14 	_ and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designa	tion "LLC" or the abbre	viation "L. L.C "
Enter new principal offices address, if applie	cable:	N/A ————————————————————————————————————		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			<u> </u>
				مرين د ب
Enter new mailing address, if applicable:		N/A		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				
			·	co
				·
B. If amending the registered agent and registered agent and/or the new registered of			records, enter th	e name of the ne
Name of New Registered Agent:	TOTAL TRUST LLC			
New Registered Office Address:	THO BRICKEL	L AVENUE STE 430		
The steel st		Enter Florida sti	rect address	
	MIAMI		. Florida 3313	1
		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CANACHE, CHRISTIAN	1110 BRICKELLAV STE 430 MIAMI FLORIDA 33131	
			
			■ Remove
			Change
MGR	CANACHE, JESSE	1110 BRICKELL AV STE 430 MIAMI FLORIDA 33131	
			■ Remove
			Change
MGR	TOTAL TRUST LLC	1110 BRICKELL AV STE 430 MIAMI FLORIDA 33231	E
			□ Remove
			Change

			Remove
			Shange
			Change
			Add
			☐ Remove
			☐ Change

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Signature of a member of authorized representative of a member	Signature of a member of authorized representative of a member	Date	1,000;		
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Page 3 of 3

Filing Fee: \$25.00