114000026476

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(APR 03 2014 D. BRUCE

COVER LETTER

TO: Registration Sec Division of Corp					
Floric	la P3 Solutio	ns. LLC			
SUBJECT: 1 10110		nited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Michael A	Comparato			
	MICHAELA.	Comparato Name of Person			
	Vieste, LLC				
		Firm/Company			
	105 W. Ada	ams St. Suite 2	700		
	 	Address		2014 14E	
	Chicago, IL	_ 60603		A APR	-
		City/State and Zip Code		15.55 17.75 1.75 1.75 1.75 1.75 1.75 1.7	- pre-si
	mcomparato@v	VIESTELIC.COM to be used for future annual report notifi	cation)	Migital TO	Par
For further information co	ncerning this matter, please co	•	cationy	PM 12: 44 SF STATE F FLOSIO	ي چين وريس
Bradley C.	Crosley	at 317, 815-0	340	27 5	
Name of	Person		Telephone Number	_	
Enclosed is a check for the	e 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 l Certificate of Certified Cop (additional copy	Status &	

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

Florida P3 Solutions, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000026476</u> This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
VCF-Florida P3 Solutions, LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3003 Tamiami Trail North	201
(Principal office address MUST BE A STREET ADDRESS)	Suite 410	<u> </u>
	Naples, FL 34103	REPORT OF THE RE
		SS -
Enter new mailing address, if applicable:	3003 Tamiami Trail North	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 410	[5] S S
	Naples, FL 34103	ēfi ‡
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		the name of the new
	Florido	
	, Florida City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or,	familiar with and if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Add
			Remove
			Add
			Remove
	 		
			Remove
			APR - Add Remove
			The Kemove
			Add
			Remove

he effective date must be specific, cannot be prior to date of receipt or filed date and canno	(optional) t be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) Dated March 27 Signature of a member or authorized representati	t be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

