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SECRETARY OF STATE

K.SALY EXAMINER AUG 25 2015

## **COVER LETTER**

TO:				
	VPIRA LLO	C		
SUB	JECT:	Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  urn all correspondence concerning this matter to the following:  RICHARD PRICE  Name of Person  VPIRA LLC/ MANAGER  Firm/Company  2811 MICHIGAN ST  Address  MELBOURNE FL 32904  City/State and Zip Code  RPRICE56@CFL.RR.COM  E-mail address: (to be used for future annual report notification)  ir information concerning this matter, please call:  D PRICE  321  302-9399  at (		
		Time of Dan	inco Blacking Company	
The o	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		RICHARD PRICE		
		·	Name of Person	
		VPIRA LLC/ MANAGER		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2811 MICHIGAN ST		
		-	Address	
		MELBOURNE FL 32904		
		RPRICE56@CFL.RR.COM	•	
		E-mail address: (	to be used for future annual report notifi	cation)
For f	further information c	oncerning this matter, please ca	all:	
RIC	HARD PRICE		at (	
	Name o	f Person	Area Code Daytime	Telephone Number
Encl	osed is a check for th	ne following amount:		
<b>=</b> 5	\$25.00 Filing Fee			

MAILING ADDRESS:

TO:

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

## TO **OF**

ARTICLES OF ORGANIZATION FILED 2015 AUG 21.

VPIRA,L.L.C.		LUID AUG 24 D.	
(Name of the Limited Liab) (A Flori	llity Company as it now appears on our records. da Limited Liability Company)	DIALLAHACAY OF CT	
The Articles of Organization for this Limited Liability Florida document number $\frac{L14000042923}{L14000042923}$		and assigned $O_A$	
This amendment is submitted to amend the following:			
<b>A.</b> If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address		
	, Flor	" T T T T T T T T T T T T T T T T T T T	
	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: FILED MGR = Manager 2015 AUG 24 PM 4: 30 Type of Action AMBR = Authorized Member **Title** <u>Name</u> Address SECRETARY OF STATE TALLAHASSEE, FLORIDA □ Add □ Remove \_□ Change □ Add □ Remove ☐ Change \_□ Remove \_ Change \_□ Add ☐ Remove ☐ Change □ Remove ☐ Change ☐ Add ☐ Remove

\_ Change

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fective date, if other than the an effective date is listed, the date mus	date of filing:	f filing or more than 90 days after f	<b>1a1)</b> iling.) Pursuant to 605.020°
ote: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable stat	tutory filing requirements, this	date will not be listed as
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	Signature of a member or authorized re	presentative of a member	
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