## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000208378 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Rosa Wong, Paralegal Account Name : AKERMAN LLP - MIAMI

Account Number: 075471001363 : (305)374-5600 : (305)374-5096 Fax Number

\*\*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

VOLOGY GOVERNMENT GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

cm: 55294 288932

Electronic Filing Menu

Corporate Filing Menu

AUG 3 1 2015 Help

**3 MASON** 

3053745095 T-207 P.002/004 F-500 H15000208378 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	Y GOVERNMENT GRO		
( <u>Name of the Limited Liz</u> (A Flo	bility Company as it now appeared Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liabilit Florida document numberL14000046118	y Company were filed on _	March 19, 2014	and assigned
This amendment is submitted to amend the following	3;		
A. If amending name, enter the new name of the	limited liability company h	ere:	
VGov, LLC			
The new name must be distinguishable and contain 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 AD	DRESS)		·
	<b>-</b>		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del>_</del> .	
B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:		n our records, enter	the name of the nev
New Registered Office Address:			
	Enter Fla	orida sireet address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change.	d complete performance oj l ugent as provided for in (	f my duties, and I am Chapter 605, F.S. Or	familiar with and , if this document is mited liability
		gent, Signature of New R	20 30 50 50 50 50 50 50 50 50 50 50 50 50 50
	ge.  If Changing Registered A	gent, Signature of New B	entstered Attent
		gent, Signature of New R	Sentitured Atuni

AUG-28-2015 03:53PM FROM-AKERMAN L	3:53PM FROM-AKERMAN	03:536	15	J-20	\UG-21	٨
------------------------------------	---------------------	--------	----	------	--------	---

3053745095

T-207 P.003/004 F-500

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<del></del>			
			☐ Remove
			□ Change
			□ ∧¢d
			☐ Remove
			Change
****			□ Add
			□ Remove
			□ Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Addition of the second
			Add Remove Charge ORION OF STATE
			Remove
			Change
	Page 2 (	AF I	A 8: 30
	rage z (	л J	

G-28-2015	03:53PM	FROM-AKERMAN LLP	3053745095	T-207 P.004/004 F-500 H15000208378 3
D. If an	nending at	ny other information, enter change	e(s) here: (Attach additional she	
				<u> </u>
				·
		· · · · · · · · · · · · · · · · · · ·		
			_	
		•		
		10-10-1 <del></del>		
			<del>-</del> :	<del></del>
E. Effe	ctive date,	if other than the date of filing: is listed, the date must be specific and canno	1	(optional)
Note	👱 If the dat	c inserted in this block does not meet th	e applicable statutory filing require	ements, this date will not be listed as the
docu	ment's effe	ctive date on the Department of State's	records.	
		clfles a delayed effective date, ay after the record is filed.	but not an effective time, a	t 12:01 a.m. on the earlier of:
ווו (ט)	e saci a	ay arter the second is inco.		
Date	d August	28 20	15	
D41.0	<u> </u>	·	<del></del> ',	
		Signuture of memi	ber or authorized representative of met	RIGHT - I
		Steve Torres, Chief I	Financial Officer of Vology,	
			or printed name of signee	A C. S. S.
				88 88 F
			Page 3 of 3	
		•	_	©H15000208378 3
		Fi	ling Fee: \$25.00	골목 · ພ