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JUN 06 2014

S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

... VIRO ISLE PROPERTIES I, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN BARROSO

Name of Person

VIRO ISLE PROPERTIES I, LLC

Firm/Company

7143 SW 103 CT CIR

Address

MIAMI, FL 33173

City/State and Zip Code

BRIANBARROSO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN BARROSO

_{at (} 786₎ 234-

Name of Person

Area Code

Daytime 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)

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

VIRO ISLE PROPERTIES I, I		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number L1400060997		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		his harmonia and the same of t
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	0 8 1	
	Enter Florida street	address
_		, Florida
	City	Zıp 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.

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EIFED

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 ROBERT VALLEJO 7749 SW 34 TERR MIAMI, FL 33155 □ R	
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The effective date must be specific, cannot be prior to on the date this document is filed by the Florida Department.	date of receipt or filed date and cannot be more than 90 days after ent of State)
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Dated MAY 29	date of receipt or filed date and cannot be more than 90 days after ent of State) 2014

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Filing Fee: \$25.00