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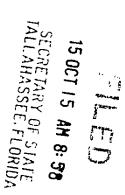
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J SHIVERS

## **COVER LETTER**

TO: Registration Se Division of Cor			· 4	
SUBJECT: VL In	vestments 1	, LLC		
	Na	ame of Limited Liabilit	y Company	
Dear Sir or Madam:				
The enclosed Statement	of Correction and fee(s) are	e submitted for filing.		
Please return all correspondent	ondence concerning this ma	atter to the following:		
Sandra Z.	Green, Esq.			
	Name of Person			
JONATHAN H. GREEN & ASSOCIATES, P.A.				
	Firm/Company			
800 Brickell Avenue Suite 1400				
	Address			
Miami, Flor	ida 33131			
C	ity/State and Zip Code			
E-mail address: (to	be used for future annual i	report notification)		
For further information concerning this matter, please call:				
Sandra Z.	Green	305 )	372-5100	
Name (	of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 323				
Enclosed is a check for	the following amount:			
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (9/15)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: VL Investments 1, LLC L14000062345 The Florida Document number of the limited liability company is: SECOND: Document to be corrected is:\_Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT х Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Incorrect Statement: Article IV-MGR: Heluvi Family LLLP. Reason Incorrect Statement: Lists incorrect MGR. Heluvi Family LLLP was never the MGR. Correct Statement: Article IV-MGR: VMM Investments Family Limited Liability Limited Partnership. 6929 NW 46th Street; Miami, Florida 33166 OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective.  $\Box$ Signature of Authorized Representative Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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.

Registered Agent's Signature

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)