# 114000069011

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(0)	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

-	Division of Cor			
SI	VIP PRECI J <b>BJECT</b> :	ISION GROUP LLC		
		Name of Lim	nited Liability Company	
		Amendment and fee(s) are sub	-	
Pl	ease return all correspo	indence concerning this matter	to the following:	
		James Andrews		
			Name of Person	<del></del>
		Andrews Accountancy LL	c	
			Firm/Company	
		8566 NW 19th Dr		
		<u> </u>	Address	
		Coral Springs, FL 33071		
		jand592040@aol.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
Fo	r further information co	oncerning this matter, please ca	ali:	
Ja	mes Andrews		305 323 1278 at ( )	
	Name o	f Person	Area Code Daytime	Telephone Number
En	closed is a check for th	ne following amount:		
<b>E</b>	\$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

Tallahassec, 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

	, FIOT	Zip Code
	. Flor	ida
New Registered Office Address:	Enter Florida street address	
	<u> </u>	
Name of New Registered Agent:		
	<b>3</b> -	,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the nev
<b>.</b>		$\omega_{\perp}$
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
	Boca Raton, FL 33431	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Shore Center	
Enter new principal offices address, if applicable:	450 NE 20th Street. STE 117	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liab	ility company here:	
This amendment is submitted to amend the following:		
Florida document number L14000069011		
The Articles of Organization for this Limited Liability Company	were filed on <u>04/29/2014</u>	and assigned
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.	<del></del>
VIP PRECISION GROUP LLC		

### 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:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.02
lote: If the date inserted in this block does not meet the application occurrent's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier
September 29 2018	— <u>`</u>
Signature of a member or autho	rized representative of a member

Page 3 of 3

Filing Fee: \$25.00