L14000084747

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	<u>.</u>
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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09/19/14--01022--016 **60.00

SECRETARY OF STATE

OCT 2 2 2014 T. HAMPTON

TO: Registration Section Division of Corporations
SUBJECT:VSPro-BUY 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: War Savon Name of Person
Caprobay.
Firm/Company
7541 SW 5th St
Address
plantation, 52 33317
City/State and Zip Code State and Zip Code State and Zip Code
For further information concerning this matter, please call:
Vulonis Vega Savon at (954) 670 4436. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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



September 23, 2014

YUDANIS VEGA SAVON 7541 SW 5TH ST PLANTATION, FL 33317

SUBJECT: VSPRO-BUY LLC Ref. Number: L14000084747

We have received your document for VSPRO-BUY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 314A00020402

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VSPro-	BUY LLC	
	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili Florida document number <u> </u>		27, 2014 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	14 00 SECTIALL
The new name must be distinguishable and end with the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "LL-C"
Enter new principal offices address, if applicable:		SSERY
(Principal office address MUST BE A STREET AL	ODRESS)	
	 	: 25 ORIOA
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		
B. If amending the registered agent and/or registered agent and/or the new registered office a	0	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	Cia.	, Florida Zip Code
	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 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 = Manager

AMBR = A	MBK = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
HER	Carlos & Cabera Fourdez	7541 SW 5th St	Add		
		plantation, & 2 33317 954 940 2724/754	Remove		
		954 940 2724 /754	223 444		
			Add		
			Remove		
					
		TAL	□ Add		
		LLAHAS			
			S Add		
			Remove		
			 □ Add		
			□ Remove		
			C Remove		
			 □ Add		
			_ Remove		

lf amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
<u></u>	
The effective	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated	tober 8,2014.
	Ospoby
	Signature of a member or authorized representative of a member 4. veloni: 196 Savon
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 OCT 21 AHII: 25
SECRETARY OF STATE
SECRETARY OF STATE