Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number: 120020000087 Phone : (954)389-1333 Fax Number : (954)389-1397

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

VFST, LLC

Certificate of Status	1
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Page Count	03
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Corporate Filing Menu

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02/04 5 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VFST, LLC		DM D
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000093074	were filed on 6/10/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
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	, Flor	ids

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.

City

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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	WEINBERG, JONATHAN A	2875 NE 191 ST - STE 801	D Add
			■ Remove
		AVENTURA, FL 33180 .	Change
AP V	VANESSA PIEDRAHITA	2721 EXECUTIVE PARK DRIVE	₽ Add
		SUITE 4	Remove
		WESTON, FL 33331	Change
			D Add
			□ Remove
			Change
			Add
			Remove Change
			Add. The Remove
			RAI Change
			□ Remove
			□ Change

If amending any other information,	enter change(s) here: (Attach additional sheets, if ne	cessary.)
		<u> </u>
Effective date, if other than the date (If an effective date is listed, the date must be sp Note: If the date inserted in this block de document's effective date on the Department.	of filing: (optiecific and carmon be prior to date of filing or more than 90 days all ones not meet the applicable statutory filing requirements, the nent of State's records.	tional) er filing.) Pursumt to 605.0207 (3) his date will not be listed as the
the record specifies a delayed effe	ective date, but not an effective time, at 12:01 s filed.	₹ <u>0</u> 5
Dated Hay 14	1 2015	CHAY 18
Siona	ture of a member of authorized representative of a member	
3,8,16	VANESA PIEDRAHITA	7: 40 FLORIT
	Typed or printed name of signee	O

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Filing Fee: \$25.00