## L14000127738

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

DONALD MILLER US LAND TRUST 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:

DONALD W MILLER, ESQ

Name of Person

DONALD W MILLER PA

Firm/Company

PO BOX 30633

Address

PALM BEACH GARDENS FL 33420

City/State and Zip Code

dwm@dwmlawyer.com

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

For further information concerning this matter, please call:

DONALD MILLER, ESQ

ູ,561、366-7000

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 Fiting 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

DONALD MILLER US LAND TRUST LLC			
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Co	<u>v appears on our records.</u> ) mpany)		
The Articles of Organization for this Limited Liability Company were filed	i on AUGUST 14, 2014	and assign	ed
Florida document number <u>L14000127738</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	oany here:		
VIITOR HOLDINGS LLC	•	- *	
The new name must be distinguishable and end with the words "Limited Liability Compa	my," the designation "LLC" or the a	abbreviation L.L.	C."
Enter new principal offices address, if applicable:		THE PERSON NAMED IN COLUMN 1	- î î
(Principal office address MUST BE A STREET ADDRESS)		<b>添加 25</b>	1
		mar To	-
			و مستو از سروراهٔ
Enter new mailing address, if applicable:		是可 <b>5</b>	
(Mailing address MAY BE A POST OFFICE BOX)		(B) (S)	
B. If amending the registered agent and/or registered office add	ress on our records, enter	the name of	the new
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	inter Florida street address		
	Florida		

## 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

Zip Code

'If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Membér being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			<del></del>
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Effective date, if other than the date the effective date must be specific, cannot be the date this document is filed by the Florida l	prior to date of receipt or filed date and cann Department of State)	(optional) ot be more than 90 days after
Pated AUGUST 22		
× 12	<b>^</b> /	
1/1/1/	dure of Energher or authorized representat	ive of a member
1/1/1/		
Sign		
A Sign	LER	

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Filing Fee: \$25.00