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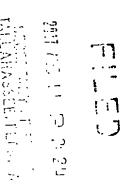
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT: V W		NTURES LL ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	Da	Name of Person			
	VW	TWO VENTU	RESLLE	<u>-</u>	
	20	10 NEZII Te	errace		
	david E-mail address: (1	City/State and Zip Code We iner 03 @ 9 W. to be used for future annual replay notified.	3179 1011: COM	TALL DE LINE	17 11
For further information cor	cerning this matter, please ca				لب
		at (<u>786)</u> <u>261</u>		10(0)	
Name of F	erson	Area Code Daytine	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 Filing Fo Certificate of S Certified Copy (additional copy is	itatus &	

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{10/21/14}{14000163919}$ and assigned Florida document number $\frac{L14000163919}{14000163919}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2010 NE 211 TerraGe North Miani Beach, FL 33179 Enter new principal offices address, if applicable: (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 office address 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: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>N 6 R</u>	NS GRUVPARUIS		
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		N. Miami Beach, Fl	2 33179 □ Change
			□ Add
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MGR	David Weiner	2010 NEZII Ter N. Miumi Beach, Fr	ru(e XAdd
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)	ነፍ <u>ብ</u> ንሰግ
Note: If the date inserted in this block does not meet the applicable statutory		
document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective	valtima at 12:01 a.m. on the carl	ioro
The 90th day after the record is filed.	ve time, at 12.01 a.m. on the ear	161 0
Dated $\frac{8/8/17}{2017}$	/	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00