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SECKETARY OF STATE ALLAHASSEE, FLORIDA

JUL 1 6 2015

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VERTICAL Chalenge IC 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:
Rachelle Stone
Vertical Challenge LLc
5171 SW89 TEERGCE
Cooper City FL 33328 City/State and Zip Code
Verticalchallenge bellsouthine E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachelle Stone at 305 796 3787 Name of Person Area Code Daytone Telephone Number
Enclosed is a check for the following amount:
\$25.90 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \Bigcup \B

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliften Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vertical C	hallenge	ir nuw appears on our		
(Name of the Limit	d Liability Company as A Florida Limited Liabil	ir naw appears an our ity Company)	records.)	
The Articles of Organization for this Limited Li		e tiled on Janua	ary 20, 15	and assigned
Florida document number <u>L 150000</u>	010566			
This amendment is submitted to amend the follo			73127 12727 12707 1000	
A. If amending name, enter the new name of			Ask Ask	7
The new name must be distinguishable and contain the wa	orde "Limited Liability C	anna me " the decimation	1.10	tion of FEMP
Enter new principal offices address, if applica	ble:	yo chang	ORIDA ORIDA	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I		vo chanc	· C	
B. If amending the registered agent and/oregistered agent and/or the new registered of	4	address on our re	ecords, enter the	name of the nev
Name of New Registered Agent:	Rache	lle Sto	ne	
New Registered Office Address:	5/7/	5W 89 T Enter Florida street	ERROCA address	
	Cooper	City	, Florida3; 	3328 o 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
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