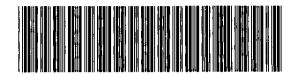
L15000026696

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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200279848202 L15-26696 Amend

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JAN 14 2016 N. CAUSSEAUX

COVER LETTER

LL5-26696

" Divisio	on of Corpo	rations	u	
C SUBJECT:	VF HOLDII	NGS LLC.		
SOBJECT		Name of Limi	ted Liability Company	
		nendment and fee(s) are subr	-	
Please return al	l correspond	ence concerning this matter t	to the following:	
		MICHAEL GLEISSNER		
			Name of Person	· .
		CVF HOLDINGS LLC.		•
			Firm/Company	
		1601 HARRISON STREET	Γ	•
		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Address	
		HOLLYWOOD, FL 33020		
			City/State and Zip Code	**
		MG@MICHAELGLEISSNI		
		·	o be used for future annual report n	otification)
For further info	rmation con	cerning this matter, please ca	ill:	
TESSA HELM	IS		305 900-3153	
	Name of P	erson		ime Telephone Number
Enclosed is a cl	heck for the	following amount:		
≘ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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**

CVF HOLDINGS LLC.		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liability Company))
he Articles of Organization for this Limited Liability Company lorida document number	were filed on <u>02/12/2015</u>	and assigned
nis amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1601 HARRISON STREET	AT
rincipal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33020	701 - punn
		SIN FITTI
nter new mailing address, if applicable:	1601 HARRISON STREET	F. STATE OF O
failing address MAY BE A POST OFFICE BOX)	HOLLYWOOD, FL 33020	D
If amending the registered agent and/or registered of gistered agent and/or the new registered office address her Name of New Registered Agent: MICHAEL GL	<u>e</u> :	enter the name of the r
New Registered Office Address: 1601 HARRISO	ON STREET	
	Enter Florida street address	
HOLLYWOOI	D, Flor	rida <u>33020</u>
	City	Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			Add
	**************************************	☐ Remove	
			☐ Change
	···		Add ST
			HASSEF CLORIDA
		Remove	
			Change
			Add
			☐ Remove
			Change
			
			□ Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if neces.	sary.)
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	,,,, ,
	
	
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	TO B
	10:00 C
	DE +
Effective date, if other than the date of filing: (option If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	ial)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this conductive date on the Department of State's records.	
document 5 effective date on the Department of State \$ 1000fds.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is fied.	m. on the earlier of
The Sounday after the record is med.	
Dated NOVEMBER 5	
\alpha\.\ \alpha\.\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Signature of a member or authorized representative of a member	
\ / /	

Page 3 of 3

Filing Fee: \$25.00