1150031184

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·





400312024564

04/18/18 -01024--007 **25.00

200 APR 18 D 2: 26

COVER LETTER

TO: Registration Se Division of Cor				
	a Brokers LLC			
SUBJECT:	Name of Lim	nited Liability Company		
	Amendment and fee(s) are sub	_		
	Lisbeth Arellano			
	ž,	Name of Person		
	VIP Florida Brokers LLC			
		Firm/Company	<u> </u>	
	2775 NE 187 Street #606			
		Address		
	Aventura FL 33180			
		City/State and Zip Code	3	ým.
	LArellano26@hotmail.com E-mail address: (to be used for future annual report notific	ation))
For further information c	oncerning this matter, please ca	·		
Lisbeth	Arellano	305 318-3474		
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne 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 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

VIP Florida Bro	okers LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on 02/19/2015	_ and assigned
Florida document number L15000031784		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	i <u>ty company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbr	eviation "L.L.C."
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)	jerning man	
B. If amending the registered agent and/or registered offi	نَـُنِيَ ioo addrass on our records antaritt	
registered agent and/or the new registered office address here:	enteration of the feed of the feet of the	No.
Name of New Registered Agent:		200
New Registered Office Address:	<i>»</i> ·	
	Enter Florida street address	
·	, Florida	
	City	Zip 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Howard Michael Berkowitz	2421 NE 65th St Apt 2-515	■ Add
		Fort Lauderdale FL 33308	□ Remove
			☐ Change
		···	
			☐ Remove
			☐ Change
			
			Remove
			Add Till Remove
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

•							
							
		·					
			· 				
		······································					
	 						
	 						
	· · · · · · · · · · · · · · · · · · ·						
						2010	
					· · · ·		1) Santalandari
<u></u>					<u> </u>	* <u>3</u>	**********
						8	
						U	
					**************************************	. ;; .	
					77 T	· ~	
ctive date, if other than the	e date of filin	Date of Filing		(0)	ptional)	ထ	
effective date is listed, the date mu	ist be specific and	d cannot be prior to	date of filing or me	ore than 90 days a	fter filing.)	Pursuant 1	to 605.02
e: If the date inserted in this b ument's effective date on the I	Department of S	meet the applicat State's records.	ie statutory ming	g requirements,	this date	will not b	e listea
	•						
record specifies a delaye	d effective o	date, but not	an effective ti	ime. at 12:0	1 a.m. (on the e	arlier
he 90th day after the red	cord is filed.					J., C., C.	.arrici
ed		2018	_				
жи	· · · · · · · · · · · · · · · · · · · 	,					
		#					
			ed representative				_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00