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SECRETARY OF STATE FALLAHASSEE, FLORIDA

SECRETARY OF STATE OF VISION OF CURPORATION

JUL 07 2015

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COVER LETTER

TO:		stration Secsion of Corp			
CHDIE	CT.		e Group Development USA LI	LC	
Name of Limited Liability Company					
The enc	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing	
Please r	eturn	all correspor	ndence concerning this matter	to the following:	
			Rob Keeler		
				Name of Person	
				Firm/Company	<u> </u>
			5224 West SR 46, Ste 210		
				Address	
			Sanford, FL 32771		
City/State and Zip Code					
duncan@thevantagegroup-international com					
			E-mail address (to be used for future annual report r	otification)
For furt	her in	formation co	oncerning this matter, please ca	all:	
Rob Ke	eler			321 277-2192 at ()	
		Name of	Person	Area Code Day	time Telephone Number
Enclose	d is a	check for th	e following amount		
■ \$25	.00 Fi	ling 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

The Vantage Group Development USA LLC			<u> </u>
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)	SECRI	SECRE
The Articles of Organization for this Limited Liability Company were file	ed on Sept 10, 2014	and assi	igned =
Florida document number L150000597			35 <u>7</u> E
This amendment is submitted to amend the following:		M 2: 15 F STATE FLOAID) IF STATE PORATIONS
A. If amending name, enter the new name of the limited liability con	ipany here:	2 0,	0 1 5
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or th	e abbreviation "L 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)			
B. If amending the registered agent and/or registered office address here:	dress on our records, <u>ent</u>	er the name o	of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	•	
	, Florida		
City		Zıp 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

MGR = N	Manager Authorized Member		21VIS 15 15 15 15 15 15 15 15 15 15 15 15 15 1
<u>Title</u>	<u>Name</u>	Address	LICE SURPLINE OF Action
AMBR	JRK Trust	Po Box 950891	25. CO. S. C.
		Lake Mary, FL	STAI ORAI 2: 1 STAI ELORN
		32795	☐ Change
MGR	JRK Trust	Po Box 950891	Add
		Lake Mary, FL	■ Remove
		324795	Change
AMBR	The Vantage Group-International	Po Box 950891	■ Add
		Lake Mary, FL	□ Remove
		32795	Change
			Remove
			□ Change
			Add
			□ Remove
			□ Remove
			Change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessor	ary.)		
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(If an effe Note:	(optional ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing of the date inserted in this block does not meet the applicable statutory filing requirements, this dant's effective date on the Department of State's records.	ng.) Pursu	ant to 60 of be lis	05.0207 (3)(b) sted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	ı. on th	e earl	ier of:
Dated]	uly 1 2015			<u>a</u>
	XI_G_	SEC	15	SECH
	Signature of almomber or authorized representative of a member DINGN WACGREGOR	HASSE	<u>1</u> -6	ETARY V OF O
	Typed or printed name of signee	OF STA	PH 2:	기본 기본 기본 기본 기본 기본 기본 기본 기본 기본 기본 기본 기본 기
	Page 3 of 3		<u>:</u>	TATE ATION

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