Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000150327 3)))



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To:

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From:

Account Name : GUTTER, CHAVES, JOSEPHER, RUBIN, FOREMAN, FLBISER, P.A.

Account Number : 075350000176 : (561)998-7847 Phone

: (561)892-0221 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address plase.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

VIVA2015, LLC.

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Corporate Filing Menu

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Fax Audit # H15000150327 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VIVA2013 LLC		•
(Name of the Limits	d Liability Company as it now appears on ou A Florida Limited Liability Company)	rrecords.)
The Articles of Organization for this Limited Li-	ability Company were filed on June 4, 20	ol5and assigned
Florida document number 1.15000097398		
	·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation	on "LLC" in the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREET		
Termespar office and ess freez DE A STREET		
.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE L	<u> </u>	
Name of New Registered Agent:		
NY DECEMBER 1 COMMON A 18 cm		
New Registered Office Address:	Enter Florida stree	et address
	City	, Florida
New Registered Agent's Signature, if changing R	•	77
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has	r and complete performance of my du tered agent as provided for in Chapter egistered office address, I hereby conf	ties, ard I am familiar with and r 605, 7.S. Or, if this document is
Audit # H15000150327 3	•	JUN JUNA
rles Rubin, Esq.		
1 Corporate Blvd., Suite 107,	If Changing Registered Agent, Sig	
ea Raton, Florida 33431		~~~ ** **
-998 - 7847	D 1 . CA	
	Page 1 of 3	ma CCI
# 561-892-0221 pin@floridatax.com	Page 1 of 3	M 8: 30

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: Fax Audit # H15000150327 3

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Nayan Pathak	2101 NW Corporate Blvd., Ste 107	= Add
		Boca Raton, FL 33431	Remove
			Change
			□ Ađđ
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Fax Audit#	H15000150327 3		AH DOCHARIE OF STATE OF STATE FLOPIDA
	Page 2 o	f 3	TIE TOWN

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	5000150327.3 ling any other information, enter change(s) here: (Attach additiona	l sheets, if nec ssary.)	
			
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E. Effective	date if other than the date of filing:	(o:otional)	
Note: If	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing re t's effective date on the Department of State's records.	than 90 days : fter filing.) Pursuant equirements, this date will not b	to 605.0207 oc listed as
	rd specifies a delayed effective date, but not an effective tim	e at 12:61 a.m. on the	earlier of
(b) The 9	Oth day after the record is filed.	., 	
Dated	June 18 , 2015.		, ∧(G
T. 2144 T	.00 C. All	SE SE	1817 1318
	Signature of a member or authorized representative of	a member III	
	Charles Rubin, Authorized Rep. of Member	TARY A	S CAR
	Typed or printed name of signec		1889 1889 1897
		KH 8: 3 PESTATE FLORID	STA.
	Page 3 of 3	Σ _Α	2 m
	Filing Fee: \$25.00		**