

L15000137166

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2016 MAY -2 P 5:22
SECRETARY OF STATE
TAMPA, FLORIDA

MAY 03 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIE CONSULTING SERVICES LLC
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:

MATTHEW DORE

Name of Person

Firm/Company

1934 SW 29TH AVE.

Address

FORT LAUDERDALE FL 33312

City/State and Zip Code

DILLENGERKILL@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW DORE

Name of Person

at (561) 396-0813

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

VIE CONSULTING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/11/2015 and assigned
Florida document number L15000137166.

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1934 SW 29TH AVE.

FORT LAUDERDALE FL

33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1934 SW 29TH AVE.

FORT LAUDERDALE, FL

33312

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MATTHEW DORE

New Registered Office Address:

1934 SW 29TH AVE.

Enter Florida street address

FORT LAUDERDALE

City

, Florida

33312

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.

X

MATTHEW DORE

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT CREMIAN	110 HARBORS WAY	<input type="checkbox"/> Add
		BOYNTON BEACH, FL	<input checked="" type="checkbox"/> Remove
		33435	<input type="checkbox"/> Change
MGR	MATTHEW DORE	1934 SW 29 TH AVE.	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL	<input type="checkbox"/> Remove
		33312	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUN 16 2016
CLERK OF STATE
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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 filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 3/25, 2016

X  Signature of a

Signature of a member or authorized representative of a member

Robert Eremian

Typed or printed name of signee

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2016 MAY -2 P 5:22
CLERK OF STATE
TALLAHASSEE, FLORIDA