

Florida Department of State
Division of Corporations
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((H15000238303 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : COMPUTAX USA INC.
Account Number : I20000000254
Phone : (727) 546-3335
Fax Number : (727) 546-3365

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VICTORIO RED CAB LLC**

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15 OCT -5 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT -6 2015

H15000238303 3
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

FILED
 2015 OCT -5 AM 9:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

VICTORIO RED CAB 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 Oct. 2nd, 2015 and assigned
 Florida document number L15000168304

This amendment is submitted to amend the following:

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

4V LLC

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)

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

Name of New Registered Agent:

New Registered Office Address:

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

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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>
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☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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ALABAMA STATE FIDELITY

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

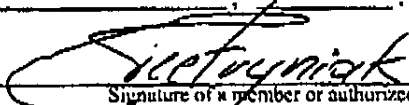
[The following section contains multiple horizontal lines for amending information, which have been crossed out with a diagonal line.]

FILED
2015 OCT 15 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 October 5th, 2015



Signature of a member or authorized representative of a member

Wiktorio Pietryniak AMBR

Typed or printed name of signer