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SECRETARY OF STATE

HAR 0 2 2016 J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: VCN	1 Develop Name of Limit	oment LLC.	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	NCISON S	o the following: Name of Person	
	VCM Deve	Elopment LL Arm/Company	<u>C</u>
	Mami, MSqueah E-mail address: (1)	Address F1 33131 City/State and Zip Code CONCINO OF TOWARD OF THE CONTROL OF THE	levelopers.com
For further information c	oncerning this matter, please ca	all:	
Nelson S	ayed f Person	at (305) 856 Area Code Daytime	- 3262 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)
Regist	ING ADDRESS:	STREET/COURI Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VCM Developme Name of the Limited Liability (A Florida L	Company as it now appears on our reco	rds.)		
The Articles of Organization for this Limited Liability Co	mpany were filed on 10131	15and	l assign	ed
Florida document number <u>L150001739</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "Li	LC" or the abbreviation	n "L.L.C	17
Enter new principal offices address, if applicable:			<u></u>	<u></u>
(Principal office address MUST BE A STREET ADDRI	ESS)	LEC.	J 9	
(1) and place that the property of the propert		至衛	8	il i
			73	ETHER
Enter new mailing address, if applicable:		33	ω	
				1 1
(Mailing address MAY BE A POST OFFICE BOX)			-12	-
		<u> </u>	<u> </u>	
		DA A		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		rds, <u>enter the na</u>	me of	the new
Name of New Registered Agent:			~	
New Registered Office Address:		;		
	Enter Florida street add	dress		
	, Florida			
	City	Zip	Code	
and the second of the second o	4 AA.			

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
<u>MGR</u>	Nelson Sayegh	MIO Brickell Ave #50 MIOMI, FL 33131	□ Add □ Remove
			Change
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Page 2 of 3

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: A A A A B
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,
Signature of a member or authorized representative of a member Typed or printed name of signee
Types or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

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