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(Requestor's Name)
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SECRETARY OF STATE

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COVER LETTER

Division of Cor	porations		
SUBJECT: 4	1864 VICCA	ited Liability Company	
	Name of Lim	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Miche	He Rene Der	M1544
	4864	VILLA CO	
		Firm/Company	
	PO B	0x 11051C	, O
		Address	
	NAPLES,	City/State and Zip Code	108
	·	City/State and Zip Code	0 1
	PMORE	ENCTY@ NOC.	COM
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
MICHEL	Person		3-1643 Telephone Number
Name of	T CISON	Area Code Dayume	reseptione Nutriber
Enclosed is a check for th	e 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)
MAH	NC ADDRESS.	CMD F.FM/COLLO	ED ADDRESS

MAILING ADDRESS:

TO:

Registration Section

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

ed 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 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 "LLC." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

	Authorized Person(s) authorized to mar rom our records:	nage, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00