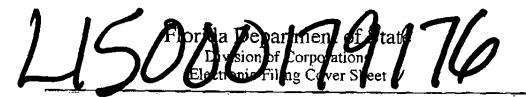
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Division of Corporations

Fax Number

: (850)617-6383 TDP

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VA CAPITAL HOLDINGS, LLC

Certificate of Status 0 0 Certified Copy Page Count 03 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help JUH 07 2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VA CAPITAL HOLDINGS, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	ns it now appears on our records.) pility Company)
The Articles of Organization for this Limited Liability Company we Florida document number £15000179176	ere filed on 10/21/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabilit</u>	<u>v company here</u> :
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 registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of the new
New Registered Office Address:	Enter Florida stroot addross
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City 3p Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and

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>	Address	Type of Action
MGR	RACHID LLAUDY	175 SW 7TH 5T ST6 511-1512	■ Add
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E. Effect	ive date, if	ther than the date of filing:		(optional) 0 days after filing.) Pursuant to 605.0207 (3)(b
Note:	If the date i	serted in this block does not meet th	ne applicable statutory filing require	ments, this date will not be listed as the
docum	nent's offecti	e date on the Department of State's	records.	
If the re	cord speci	es a delayed effective date,	but not an effective time, at	: 12:01 a.m. on the earlier of:
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Page 3 of 3

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