15000187234

(Re	equestor's Name)	
(Ac	Idress)	
(Ad	ldress)	
(C)	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700296981267

03/24/17--01021--019 **60.00



O SIMMONS WAR 27 2017 4/04/17

CORPORATE DETAIL RECORD SCREEN

B:56 AM

NUM: L15000187234 ST:FL ACTIVE/FL LIM LIAB FLD: 11/04/2015 EFF: 11/03/2015

TOTAL CONTR: 0.00

NAME

: VSS BTH STREET LLC

PRINCIPAL: 7352 SW 8TH STREET

ADDRESS

MIAMI, FL 33144 US

MAILING : 2072 N. UNIVERSITY DR

ADDRESS

PEMBROKE PINES, FL 33028 US

RA NAME : MITHA, SOHAIL S RA ADDR : 1300 SW 16TH AVE

MIAMI, FL 33145 US

ANN REP :

. .

(2016) 04/14/16

4/04/17

MANAGER/MEMBER DETAIL SCREEN

8:56 AM

CORP NUMBER: L15000187234 CORP NAME: VSS 8TH STREET LLC NAME: MITHA, SOHAIL S

TITLE: MGRM

1300 SW 16TH AVE

MIAMI, FL 33145 US

TITLE: MGRM

NAME: GOVARIA, ASIF

2072 N. UNIVERSITY DR

PEMBROKE PINES, FL 33028 US

COVER LETTER

TO:	Registration So Division of Co			
	VSS 8TH S	STREET LLC		
30103		Name of Lin	nited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Muhammad Ashraf Sulem	an	
			Name of Person	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		7352 SW 8th Street		
			Address	
		Miami, FL 33144		<u> </u>
		mashrafsuleman@hotmail.c	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation)
For fu	other information c	oncerning this matter, please c	all:	
Muha	ımmad Ashraf Sule	man	786 768-1820 at ()	
	Name o	f Person		elephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$ 2	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

(Name of the Lim	ted Liability Compa	Liability Company)	
	(A Florida Limited !	Liability Company)	
The Articles of Organization for this Limited L Florida document number L15000187237	Liability Company	were filed on 11/04/2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	7352 SW 8th Street, Miami, Fl 33144	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	7352 SW 8th Street, Miami, FL 3314	4
B. If amending the registered agent and registered agent and/or the new registered of			er the name of the new
Name of New Registered Agent:	Muhammad As	hraf Suleman	
New Registered Office Address:	7352 SW 8th S		5 U
		Enter Florida street address	ات
	Miami	, Florida	33144
		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

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
MGRM	Muhammad Ashraf Suleman	7352 SW 8th St	■ Add
		Miami, FL 33144	□ Remove
			□ Change
MGRM	Sohail S Mitha	1300 SW 16th Ave	□ Add
		Miami, FL 33145	■ Remove
		-	☐ Change
MGRM	Asif Govaria	1859 NW 141st Ave	D Add
		Pembroke Pines, FL 33028	■ Remove
			Change
· · · · · · · · · · · · · · · · · · ·			□ Add
			□ Change
			Add
		····	Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

_									····		
					· · · · · · · · · · · · · · · · · · ·						
											
									, <u>.</u>		
					 					ئۇرى	
										7	: []; []; []:
		· · · · · · · · · · · · · · · · · · ·				.			· · · · · · · · · · · · · · · · · · ·		
					······································						
							· · · · · · · · · · · · · · · · · · ·				•
											
											
	·		···	<u>.</u>							
	 						 	<u></u>			
effect e: If	tive date is list the date ins	sted, the date n serted in this	he date of finust be specific block does no Department	and canno	t be prior to e applicab	date of fili	ng or more y filing re	han 90 day	(optional s after filing s, this date	g.) Pursuant	to 605.0207 be listed as
			ed effectivecord is file		but not a	an effec	tive time	e, a t 12:	:01 a.m.	on the	earlier of
ed	03. /	<u>5. 90</u>	!7	<u>. 5</u> :	00 PM.	. <		R			

Page 3 of 3

Filing Fee: \$25.00