## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIP AUTONOMY, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help S. WARREN **MOV 03 2017** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIP AUTONOMY, LLC		
(Name of the Limited Liability Company us) (A Florida Limited Liability (A Florida Limited Liability)	t now appears on our records.) y Company)	
		hamisse has
The Articles of Organization for this Limited Liability Company were	filed on	allo assigned
Florida document number L16000003220		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VIP FINANZ, LLC  The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the	abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
[Timepar Vijites		
Enter new mailing address, if applicable:	Ti -	
(Muiling address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered office	and seconds and	also name of the new
p If amending the registered agent and/or registered differ	address on our records, en	er the name of the new
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Name of New Registered Agent:	٠	er the name of the new
registered agent and/or the new registered office address nere-	: Enter Florida street address	
Name of New Registered Agent:	: Enter Florida street address	
Nume of New Registered Agent:  New Registered Office Address:	: Enter Florida street address	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address, Florida City	Zip Code
Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probaine filed to merely reflect a change in the registered office ad	Enter Florida street address, Florida City o act in this capacity. I further formance of my duties, and I to	Zip Code  agree to comply with the am familiar with and Or, if this document is a limited liability
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#1805 P.003/004

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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<u>Title</u>	Name	Address	Type of Action
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