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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: V&A Gobal Temports, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mario VELEZ Name of Person
VEA Global Imports LLC Firm/Company
6757 Taeda Drive Address
City/State and Zip Code Mario & Cornani W. Con E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (239) 851 - 4550 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{25.00 \text{ Filing Fee}} \sum \\$30.00 \text{ Filing Fee & Gertificate of Status} \sum \\$Certified Copy (additional copy is enclosed) \$\sum \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \sum \sum \\$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

V&A Global	Imports, LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{2/01}{2010}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	DECO.	
(Principal office address MUST BE A STREET ADDI	KE3S)	<u> </u>
		Sign A
Enter new mailing address, if applicable:		NOV -2 PM 2:
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or regis		2: 01
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>lress here</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
-	City , F101	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>	<u>Name</u>	Address	Type of Action
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Note	effective date, if other than the date of filing: 12016 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	05.0207 (3)(b) sted as the
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier of:
Date	d October 27 . 2016.	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00