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SECRETARY OF STATES
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

JUN 0 7 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
VIP technology	ologies, LLC		
SOBSECT:	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	_	
	Fred Schwartz		
		Name of Person	<u> </u>
	KO Lawyers		15 C
		Firm/Company	
	200 East Palmetto Park Ro	oad Suite 103	16 JUH-6 AHII: 07
	·	Address	
	Boca Raton, FL 33432		9
	<u> </u>	City/State and Zip Code	
	rvitale2128@gmail.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	cation)
Robert Vitale		954 551-6948 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAII	ING ADDRESS:	STRFFT/COURIE	TR ANNRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIP Technologies, LLC				
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears (Liability Company)	on our records.	
The Articles of Organization for this Limited Li Florida document number L16000043571	iability Company	were filed on $\frac{2/03}{}$	2016	_ and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabi	lity company here	;	SECRE FAILLA
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the desi	gnation "LLC" or the abbre	viation E.L.C.
Enter new principal offices address, if applic	able:	N/A		5 27 mg
(Principal office address MUST BE A STREET ADDRESS)				
		(40 NW 204 C		
Enter new mailing address, if applicable:		649 NW 30th Cou Wilton Manors, FI	*	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	THOM Manors, 12	7 3 3 3 1 1	<u></u>
B. If amending the registered agent and/ registered agent and/or the new registered of	fice address here		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Robert Vitale			
New Registered Office Address:	649 NW 30th C			
		Enter Florida	street address	
	Wilton Manors	City	, Florida ³³³¹¹	Zip Code
		City		Lip Coue

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>	<u>Address</u>	Type of Action
MGR	Shannon Norris	2909 NW 68th Terrace	Add
		Margate, FL 33063	■ Remove
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ive date, if other than the ective date is listed, the date mu	date of filing: st be specific and cannot be prior to date of filing or m	(optional)
ii the date inserted in this b	ock does not meet the applicable statutory filin epartment of State's records.	g requirements, this date will not be list
ient's effective date on the L	epartment of State's records.	
ord specifies a delave	d effective date, but not an effective t	time at 12:01 a.m. on the earlie
90th day after the rec	ord is filed.	ante, de 12.01 ante on the carre
Trans. Lat	2016	
June 1st	, 2016	
	Di Anlian	
	Signature of a member or authorized representative	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00