116000043571

| (Regi | ıestor's Name) | |
|----------------------------|-------------------|--------------|
| (1,040 | 700101 3 TVallio) | |
| (Addr | ess) | |
| · | | |
| (Addr | ess) | |
| (City) | Ctata /7 in /Dhan | - 4A |
| (City): | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Busi | ness Entity Nar | me) |
| | | |
| (Docu | ıment Number) | |
| Certified Copies | Certificates | s of Status |
| | | |
| Special Instructions to Fi | ling Officer: | _ |
| | - | |
| | | |
| | | |
| | | |
| | | |
| | | |





500297359875

04/03/17--01013--002 **25.00

O SIMMONS

APR 0 5 2017

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: VIP Technologies 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: | | | | |
| Ann Vitale Name of Person | | | | |
| Firm/Company | | | | |
| 3692 NW 63rd Court | | | | |
| Cuconut Creek, FL 33013 City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Robert Vitale at (954) 551-6948 Name of Person at (954) Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} (additional copy | | | | |

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 Limited Liability Compan (A Florida Limited Li | Haolanes, LLC y as it now appears on our records.) ability Company) | · · |
|---|--|---|
| The Articles of Organization for this Limited Liability Company v. Florida document number \(\bigcup_1 \bigcup OCCO 43571 \). | vere filed on 2 3 2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability". | LLC ly Company," the designation "LLC" or the abb | previation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS) | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | . 1.1.1 | 3 |
| Enter new mailing address, if applicable: | N/# | |
| (Mailing address MAY BE A POST OFFICE BOX) | | - I with |
| | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: | | the name of thre new |
| Name of New Registered Agent: | N/A | |
| New Registered Office Address: | ' / | |
| Non Registered Office Address. | Enter Florida street address | |
| | , Florida | , |
| | City | Zip Code |
| 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 p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a | performance of my duties, and I am for covided for in Chapter 605, F.S. Or, i | uniliar with and if this document is |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager

| AMBR = | Authorized Member | • | |
|--------------|-------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | N/A | | |
| | | | ☐ Remove |
| | | | □ Change |
| | | | □ Λ dd |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
| | | | □ Change |
| | | | □ Add 3 |
| | | | □ Remove |
| | | | Change |
| ······ | | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

| - | N/A | | | | | | |
|-------|---|---------------------|---------------------|--|--|---|----------------------|
| _ | · | | | | | | |
| - | | | | | | | |
| - | | | | | · · · · · · · · · · · · · · · · · · · | | |
| - | | | | | | | |
| - | | | W | | | | |
| - | | | | | | | |
| _ | | | · . | | | 22 gh | i. |
| - | | | | | | | de , |
| _ | • | | | | | , , , , , , , , , , , , , , , , , , , | درا |
| _ | , | | | | | | |
| _ | | | | | |) ; | · · · |
| _ | | | | , | | ů. | |
| _ | | | | | | | |
| - | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Note: | tive date, if other than the fective date is listed, the date must. If the date inserted in this blocent's effective date on the De | ck does not mee | et the applicable | te of filing or more t statutory filing rea | (option than 90 days after fi quirements, this o | nal) lling.) Pursuant to 605 date will not be liste | ,0207 (3 ed as th |
| | cord specifies a delayed 90th day after the reco | | te, but not ar | effective time | e, at 12:01 a. | m. on the earlie | er of: |
| Dated | 3 31 17 | , . | Ly Vikele | | | | |
| | | Signature of a fine | niver og authorized | representative of a | пеньег | | |

Page 3 of 3

Filing Fee: \$25.00