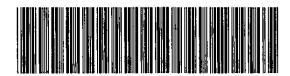
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(Re	equestor's Name)	
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## **COVER LETTER**

TO:	Registration Sect Division of Corpe			
arro	VRCARIOL JECT:	JS LLC		
SUB.	JECI:	Name of Limi	ted Liability Company	
The	enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspon	dence concerning this matter	to the following:	
		Jean C. Polo, Jr.		
			Name of Person	
		Polo Pimentel Law, P.A.		
		<u></u>	Firm/Company	<del></del>
		175 SW 7th Street, Suit	e 1900	
			Address	
		Miami, Florida 33130		
			City/State and Zip Code	_
		Info@PoloPimentelLaw.o	COM to be used for future annual report notifica	tion)
F 4	S		-	uony
FOT I	urther information col	ncerning this matter, please ca	all:	
Jea	n C. Polo, Jr., Esq.		305 714-5304 at ( )	
	Name of	Person		elephone Number
Encl	osed is a check for the	e following amount:		
<b>2</b> 5	\$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

VRCARIOUS LLC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa- lorida document number L16000052817	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	137 Golden Isles Drive, #606, Hallandale, FL 33009
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	137 Golden Isles Drive, #606, Hallandale, FL 33009
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because of New Registered Agent:	l office address on our records, enter the name of the here:
New Registered Office Address:	SA C
	Enter Florida street address , Florida
	City Zin 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 =	<b>Authorized</b>	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANDRU FRATARCANGELI 8401 NW 8TH STREET, APT. 1		
		MIAMI, FL 33126	Remove
			Change
AMBR	FRANKVELAZQUEZ	5636 NW 4TH AVENUE	
		MIAMI, FL 33127	Remove
			Change
			Add
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Effective date, if other than the	date of filing:			(optio	nal)		
f an effective date is listed, the date mu Note: If the date inserted in this b	st be specific and ca	annot be prior to	date of filing or more le statutory filing i	than 90 days after:	filing.) Pursu	ant to 60 ot be lis	15.020 sted a
document's effective date on the D	epartment of Sta	te's records.					
ne record specifies a delaye	1 effective das	te but not :	an effective tin	no at 12·∩1 a	m on th	no oarl	ior c
The 90th day after the rec		te, but not	an encetive tin	ic, at 12.01 a	011 (1	ic can	10.
October 13		2016					
Dated			. •				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00