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| (Re                     | questor's Name)    |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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## **COVER LETTER**

| Division of Corporations   |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: VGI SERVICING LLC  Name of Limited Liability Company  |  |  |  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filling.   |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |
| Jose Antonio Aybar   |  |  |  |  |
| VGI SERVICING LLC Firm/Company   |  |  |  |  |
| 10833 NW 75+ Apt 12<br>Address   |  |  |  |  |
| City/State and Zip Code  |  |  |  |  |
| UGISERVICING GMALLCOM  E-mail address: (to be used for future annual report notification)  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |
| Name of Person at (7%) 879-1160  Name of Person Area Code Daytime Telephone Number   |  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |  |
| \$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$50.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed) |  |  |  |  |

MAILING ADDRESS:

TO:

Registration Section

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 G S I   | CRVIC   | , i N                 | G C                       | our records)                   | <u></u>                              |                        |
|---|---|-----------------------|---------------------------|--------------------------------|--------------------------------------|------------------------|
| (Name of the Limited Li   | orida Limited Lia                                 | bility Con            | pany)                     | <u>an jawias</u> )             |                                      |                        |
| The Articles of Organization for this Limited Liabili<br>Florida document number <u>L160000910</u>  |   | vere filed            | on <u>OL</u>              | 1-51-50                        | i 6 and a                            | essigned               |
| This amendment is submitted to amend the followin   | g:  |                       |                           |                                |                                      |                        |
| A. If amending name, enter the new name of the VG \ SER\ The new name must be distinguishable and contain the words   | JIC 1   | NG                    | LL                        | C                              | the abbreviation                     | "LILC."                |
| Enter new principal offices address, if applicable  | <b>:</b>  | 10                    | 833                       | NW_                            |                                      | PA 12                  |
| (Principal office address MUST BE A STREET A  | DDRESS)   | <u>ix</u>             | 1 Ami                     | FL_                            | 3317                                 | 2                      |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office  | registered off                                    | ice addr              | ress on our               | i√ ∫A<br>r records, e          | enter the nam                        |                        |
| Name of New Registered Agent:   | J05   | e                     | Ant                       | 0110                           | AYb                                  | sar                    |
| New Registered Office Address:  | 10833   |                       | N W<br>Inter Florida s    | 7 5 À treet address            | Apt                                  | 1 2                    |
| _   | min   | m i<br>City           |                           | , Florid                       | dia                                  | 7 Z                    |
| New Registered Agent's Signature, if changing Regis   | stered Agent:                                     | V.I.y                 |                           |                                | _, <b>,</b>                          |                        |
| I hereby accept the appointment as registered ag<br>provisions of all statutes relative to the proper a<br>accept the obligations of my position as registere<br>being filed to merely reflect a change in the regi-<br>company has been notified in writing of this cha- | nd complete p<br>ed agent as p<br>stered office a | performa<br>rovided i | ance of my<br>for in Chap | duties, and l<br>oter 605, F.S | l am familiar (<br>S. Or, if this do | with and<br>ocument is |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

| r removed f | rom our records: | nage, enter the title, name, and address of each j | personi being adde |
|-------------|------------------|--|--------------------|
|             | rthorized Member | Address  | Type of Action     |
| <u>itle</u> | <u>Name</u>      | <u>Address</u>                                     | Type of Action     |
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| tive date, if other than the fective date is listed, the date is listed, the date in this ment's effective date on the | rust be specific and cannot be<br>block does not meet the ap | prior to date of filing or i<br>oplicable statutory fili | nore than 90 days afte | i <b>onal)</b><br>a filing.) P<br>is date wi | rursuant to 605,0<br>Ill not be liste |
| cord specifies a delay<br>e 90th day after the re  | ed effective date, but<br>ecord is filed.                    | . not an elfective                                       | time, at 12:01         | a.m. or                                      | the earli <b>e</b>                    |
| 1_10-17 -  | 17   | · ,  |                        |  |                                       |
|  |  | h.   |                        |  |                                       |
| <del> </del>   | Signature of a member or                                     | authorized representativ                                 | e of a member          |  | <del></del>                           |
|  |  |  |                        |  |                                       |

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Filing Fee: \$25.00