L14000 100 562

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





300300662343

300300662343 06/23/17--01029--005 **25.00

SECRETARY OF SIMILE SECRETARY OF SIMILE

JUN 28 2017 J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor		•	,				
CTIDI	VICMAR 7	072, LLC						
SUBI	IECT:	Name of Limited Liabili	ty Company	,				
The e	nclosed Articles of	Amendment and fee(s) are submitted for	filing.					
Please	e return all correspo	ndence concerning this matter to the foll	owing:					
		Gilda Olaniel						
		Nar	ne of Person					
		c/o Barbara Sanjurjo, P.A						
		Fin	n/Company					
		2630 SW 28 Street, Suite 61						
		Address						
	•	Coconut Grove, FL 33133						
			te and Zip Code					
		quiantel@b-cllsnuth E-mail address: (to be used	for future annual report	notification)				
For fi	ırther information c	oncerning this matter, please call:						
Gilda	Olaniel		305 778-922	3				
	Name o	Person at	Area Code Da	ytime Telephone Number				
Enclo	sed is a check for th	e following amount:						
X \$:	25.00 Filing Fee	Certificate of Status Ce	.00 Filing Fee & rtified Copy ditional 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 ARTICLES OF ORGANIZATION

VICMAR 7072 LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on $\frac{05/2}{2}$	4/2016	and assigned
Florida document number L16000100562	···································		
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	TA E	287
		P 2	
		TASK .	√ Page Carren To Carren
Enter new mailing address, if applicable:		SEE SEE	
(Mailing address MAY BE A POST OFFICE BOX)		ري بر به	7 (1)
Mutting address WAT BE ATOST OFFICE		25 A	
			<u>~</u>
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter the</u>	name of the
Name of New Registered Agent:	Barbara Sanjurjo, P.A		
New Registered Office Address:	2630 SW 28 Street, Suite 61		
	Enter Florid	da street address	
	Coconut Grove	, Florida ³³¹³³	
	City		ip Code

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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MEMB	Gilda H Olaniel		
			■ Remove
			☐ Change
MGR	Gilda H Olaniel		Add
			Remove
	Gilda Dlaniel, as Trustee of	clo Barbara Sanjurjo, PA.	☐ Change
MGR	+hc Gilda Olaniel Rev. Living Trust	clo Barbara Sanjurjo, PA. 2630 SW 28 Street, Ste 61 Coconut Grove, FL 33133	⊠ Add
			□ Remove
			Change
			□ Remove
			Change
			TASE SELECTION OF THE PARTY OF
			D Remove
		CFLORIDA	Bachange Add
			□ Remove
			☐ Change

. *	ng any other		·	3 ()	•				_	
_										
 -	 -									
•				- 				 .		
			·		 .			- -		
										
	· · · · · · · · · · · · · · · · · · ·			 		<u> </u>				
	· · · · · · · · · · · · · · · · · · ·									
			_	_					=	
		_								
	· · · · · · · · · · · · · · · · · · ·		· ··· ,							
		 .	- 							
			_	<u></u>	,		<u>-</u>			
ffective d	late, if other	than the d	ate of filin	g:				(optiona	.1)	
Note: If the locument's e record	e date is listed, to be date inserted is effective date I specifies a th day after	in this bloce on the Dep	k does not a artment of s	meet the app State's record date, but	olicable stat ∙ds.	utory filing	requireme	nts, this da	te will not be	e listed as the
	Q_{i}		,	201	7					
ated	Ju	ne 2	<u>/</u>	, <u>201</u>	<u></u>	. 1				
			Uld	<u>~ (</u>) Jan	w!			TAS	2
		/ s	ignature of a	member or a	uinorized rep	resentative o	ı a member		CRE	71
		_Gil	da C) anie Typed or pa	rinted name of	f signee			ETARY OF S	•
				Pa	age 3 of 3				25 T	
									6	

Filing Fee: \$25.00