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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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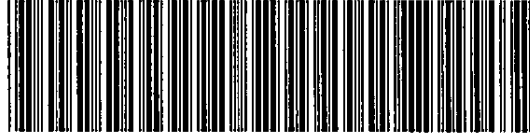
(Business Entity Name)

(Document Number)

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2016 AUG -1 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 02 2016  
J. HARRIS

## COVER LETTER

**TO: .Registration Section  
Division of Corporations**

**SUBJECT:** VIKA ENTERPRISES LLC

\_\_\_\_\_  
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:

DANIEL GUENNI

\_\_\_\_\_  
Name of Person

VIKA ENTERPRISES, LLC

\_\_\_\_\_  
Firm/Company

8850 NW 18 TERRACE

\_\_\_\_\_  
Address

MIAMI FL 33172

\_\_\_\_\_  
City/State and Zip Code

admin@dgproperties.us

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL GUENNI

786 233- 7873

\_\_\_\_\_  
Name of Person

at ( )  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**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**

VIKA ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 12, 2016 and assigned  
Florida document number L16000131678.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

DANIEL GUENNI

New Registered Office Address:

8850 NW 18 TERRACE

*Enter Florida street address*

MIAMI FL

*City*

, Florida 33172

*Zip 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 = Authorized Member**

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                       | <u>Type of Action</u>                      |
|--------------|----------------|--------------------------------------|--|
| MGR          | DANIEL GUENNI  | 2461 Del Lago Drive, Fort Lauderdale | <input checked="" type="checkbox"/> Add    |
|              |                |                                      | <input type="checkbox"/> Remove            |
|              |                |                                      | <input type="checkbox"/> Change            |
| MGR          | JUAN P BRUZUAL | 830 Lavender Cir Westone, FL 333     | <input type="checkbox"/> Add               |
|              |                |                                      | <input checked="" type="checkbox"/> Remove |
|              |                |                                      | <input type="checkbox"/> Change            |
| AMBR         | JUAN P BRUZUAL | 830 Lavender Cir Westone, FL 333     | <input type="checkbox"/> Add               |
|              |                |                                      | <input type="checkbox"/> Remove            |
|              |                |                                      | <input checked="" type="checkbox"/> Change |
|              |                |                                      | <input type="checkbox"/> Add               |
|              |                |                                      | <input type="checkbox"/> Remove            |
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STATE OF FLORIDA  
 FALL 2011  
 15 AUG 2011  
 PM 2:20  
 TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

DANIEL GUENNI

SECRETARY OF STATE  
TALLAHASSEE, FL 32303