



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VP MAS 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:

BERNARDO ALTERMAN

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

VP MAS LLC

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

1690 NE 205 TERRACE

\_\_\_\_\_  
Address

MIAMI FLORIDA 33179

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

BERNARDO@BLUEINKPRINT.COM

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

For further information concerning this matter, please call:

BERNARDO ALTERMAN

954

274-2584

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

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

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
16 AUG 16 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIEL GUSTAVO HALLE	18181 NE 31st CT UNIT 609	<input checked="" type="checkbox"/> Add
		AVENTURA FLORIDA 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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16 AUG 16 PM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 AUG 16 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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16 AUG 16 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee