LIGOOIH4922

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SUBJE	VP MAS L	LC			
SOBJE	CI	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
ricase i	eturii air correspo	indence concerning this matter	to the following.		
		ВІ	ERNARDO ALTERMAN		
			Name of Person		-
			VP MAS LLC		
			Firm/Company		-
		10	690 NE 205 TERRACE		
			Address		- TS: 6
		M	IIAMI FLORIDA 33179		ALAES B AUG B AUG
			City/State and Zip Code		多等 - 厂
			@BLUEINKPRINT.COM to be used for future annual report notif	ication)	10 P
For furt	her information c	oncerning this matter, please c		reaction)	F STATE
BER	NARDO ALTER	MAN	954 274-2584 at ()		₩ œ
	Name o	f Person		e Telephone Numbe	r
Enclose	ed is a check for the	he following amount:			
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
	M 4 3 1	INC ADDDESS.	etdeet/Collbi	FD ANNDESS.	

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

VP M	1AS LLC	
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000144922	y Company were filed on 08/03/2016	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		• • • • • • • • • • • • • • • • • • • •
(Principal office address MUST BE A STREET AD	DRESS)	
	- W- /81	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		<u>-</u> 20. 30-
		2差 — —
Name of New Registered Agent:		m m
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cim	7in Coda

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>	Address	Type of Action
MGR	DANIEL GUSTAVO HALLE	18181 NE 31st CT UNIT 609	Add
		AVENTURA FLORIDA 33180	☐ Remove
			□ Change
			Add
			□ Remove
			□ Change
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fective date, if other than th	e date of filir	1 a •			_ (optional)	
n effective date is listed, the date m	ust be specific ar	nd cannot be pri	or to date of filing	or more than 90 o	lays after filing.) Pursuant to 605.020
ote: If the date inserted in this cument's effective date on the	Diock does not Department of	State's record	icable statutory	filing requireme	ents, this date	will not be listed as
record specifies a delaye The 90th day after the re	ed effective cord is filed	date, but r	ot an effect	ive time, at 1	2:01 a.m.	on the earlier o
AUGUST 11		2016	1	_		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00