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JUN 1 9 2020 S. YOUNG

## **Division of Corporations** VGV (US) LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: JESSENIA VEGA Name of Person VGV (US) LLC Firm/Company 201 ALHAMBRA CIRCLE SUITE 600 Address CORAL GABLES, FL 33134 City/State and Zip Code JVEGA@VIVANCOYVIVANCO.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ESSENIA VEGA Name of Person nclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

O:

Registration Section

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION OF

VGV (US) ELC		2
(Name of the Limited Liab	ility Company as it now appears on our re da Limited Liability Company)	cords.)
(A Fiori	da Limited Liability Company)	Carlot Ca
he Articles of Organization for this Limited Liability	Company were filed on 08/25/2016	and assigned
	Company were fried on	
lorida document number L16000159664	·	3 3 5
his amendment is submitted to amend the following:		5.06
. If amending name, enter the new name of the lin	nited liability company here:	·
ne new name must be distinguishable and contain the words "Li	mited Liability Company "the designation"	LLC" or the abbreviation "LLC"
	and output, the designation	DEG OF the above viation E.E.C.
nter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADD	ORESS)	
nter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or register	ed office address on our records, en	ter the name of the new register
ent and/or the new registered office address here	:	to the new regime.
Name of New Registered Agent:		
Name of New Registered Agent.	·	
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
<del></del>		Zip Code

## ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

•						
	 	 	 	.,	 	

1GR = Manager

MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
1GR	VGV (UK) LTD.		□Add
		201 ALHAMBRA CIRCLE SUITE 600	■Remove
		CORAL GABLES, FL 33134	□Change
1GR	FIALLO CATTANI, CARLOS J	201 ALHAMBRA CIRCLE SUITE 600	■Add
		CORAL GABLES, FL 33134	□Remove
			□Change
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