L16000165429

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COVER LETTER

TO ;	Registration Sec Division of Corp			
SUBJ	ECT:	Vicmal Inte	cenational Compo ted Liability Company	any LLC
The e	nclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		Victor	ALIZA Name of Person	
			e Internationa Firm/Company	! Company LLC
		42 NW 2	Address	
			i FL 33125 City/State and Zip Code S 1+15eLV i Ce Coeff o be used for future annual report hol	
For fu	rther information co	E-mail address: (to neerning this matter, please ca		Iffication)
	Victor Name of	ARIZA Person	at (<u>786</u>) <u>373</u> Area Code Daytin	3136 ne Telephone Number
Enclo	sed is a check for the	following amount:	,	
□ \$2	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**

Vicmae Internation (Name of the Limited Liability Comps (A Florida Limited)	nal Company LLC sany as it now abpears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000165429</u> .	y were filed onO9 / O2 / 20 1 6 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) or this Limited Liability Company were filed on
The new name must be distinguishable and contain the words "Limited Liabi	oility Company," the designation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:	42 NW 27 AVE 305B 3 2
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33125
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33125
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	Victor Ariza
New Registered Office Address: 42	
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, nature 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Victor Ariza	42 NW 27 Ave 305B	D _\ Add
	•	Miami, FL 33125	□ Remove
			⊠ Change
			□ Remove
		44 1,	☐ Change
		•	□ Add
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ffocti	ve date, if other than the date of filing: (optional)
an eff	ective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
1116	Soci day after the record is filed.
Dated	January, 10, 2017.

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Filing Fee: \$25.00