

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L16000177577

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GOTO ENTERPRISES LLC
Account Number : I20160000055
Phone : (954)369-4444
Fax Number : (954)369-4446

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2016 OCT 10 AM 10:54
FILED
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
V&M LEGACY REUNION LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

2017 OCT 10 AM 10:58

Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE
OCT 11 2016

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

V&M Legacy Reunion 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 09/22/2016 and assigned
Florida document number L16000177577

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)

100 Lincoln Rd, Unit 319

Miami Beach, FL 33139

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
City 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

MGR = Manager
AMBR = Authorized Member

FILED

2018 OCT 11 AM 5:10

☐ Add

☐ Change

☐ Remove

☐ Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2015 OCT 10 A 10:51
FELONY UNIT
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated October 3rd, 2016

Viviane da Silva Freire

Signature of a member or authorized representative of a member

Viviane da Silva Freire

Typed or printed name of signee