

11600022/UEC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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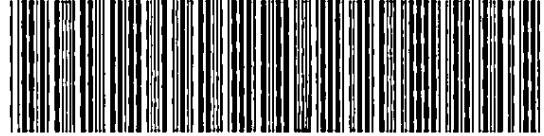
(Business Entity Name)

(Document Number)

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WILMINGTON, FLORIDA

11/28/18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VICPRIME LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA C SOUSA

Name of Person

SOUSA & ASSOCIATES INC

Firm/Company

5728 MAJOR BLVD, STE 309

Address

ORLANDO, FL 32819

City/State and Zip Code

DOCUMENTS@SOUSANASSOCIATES.COM

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

For further information concerning this matter, please call:

MARIA C SOUSA

407

800-7028

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

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TALLAHASSEE, FLORIDA

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

VICPRIME 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 12/06/2016 and assigned  
Florida document number 1.16000221080.

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)

5728 MAJOR BLVD

STE 309

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5728 MAJOR BLVD

STE 309

ORLANDO, FL 32819

**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:

SOUSA & ASSOCIATES INC

New Registered Office Address:

5728 MAJOR BLVD, STE 309

*Enter Florida street address*

ORLANDO

*City*

Florida 32819

*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

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          | DA SILVA CRUZ, MARCOS T | RUA AURELIO LOPES, 248 | <input type="checkbox"/> Add               |
|              |                         | APT 402                | <input type="checkbox"/> Remove            |
|              |                         | BH, MG 30626-002 BR    | <input checked="" type="checkbox"/> Change |
| AMBR         | SILVA CRUZ, AIONA       | RUA AURELIO LOPES, 248 | <input checked="" type="checkbox"/> Add    |
|              |                         | APT 402                | <input type="checkbox"/> Remove            |
|              |                         | BH, MG 30626-002 BR    | <input type="checkbox"/> Change            |
|              |                         |                        | <input type="checkbox"/> Add               |
|              |                         |                        | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |
|              |                         |                        | <input type="checkbox"/> Add               |
|              |                         |                        | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |
|              |                         |                        | <input type="checkbox"/> Add               |
|              |                         |                        | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |
|              |                         |                        | <input type="checkbox"/> Add               |
|              |                         |                        | <input type="checkbox"/> Remove            |
|              |                         |                        | <input type="checkbox"/> Change            |

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TALLAHASSEE, FLORIDA

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

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ALL HAS SEE FLINTA

1. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

On an effective date of the claim must be specified, and cannot be prior to date of filing or more than 90 days after filing. Paragraph 6005.0207 (3)(b) Notes: If the claim is made on the basis of a claim made by another person, the date must be the date of the claim made by that person.

Notes: If the date insertion 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 website.

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

Dated OCTOBER 22 2018

\_\_\_\_\_  
Marcel S. Cruz  
 Signature of the member or authorized representative of the group

MARLONY SILVA CRUZ