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COVER LETTER

Registration Section Division of Corporations

TO:

VR HOLDI SUBJECT:	NG GROUPS, LLC		
SUBJECT.	Name of Lim	ited Liability Company	·····
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	CYNTHIA VEGA		
		Name of Person	
	LAW OFFICE OF CYNT	HIA R. VEGA, LLC	
		Firm/Company	
	5104 SW 131 AVE		
		Address	
	MIAMI, FL 33175		
	-	City/State and Zip Code	
	CYNTHIA@CYNTHIAVE	EGALAW.NET	
	E-mail address: (to be used for future annual report notifi	cation)
further information co	oncerning this matter, please c	all:	
NTHIA VEGA		305 570-0551	
Name of Person		Area Code Daytime	Telephone Number
osed is a check for th	e 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)
Registra Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n ations ater Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.' d Liability Company))
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/26/2017	and assigned
Florida document number N/A		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
• • •		SE AL 18
		URE LAF
		AS AS
nter new mailing address, if applicable:	:N/A	م الم
failing address MAY BE A POST OFFICE BOX)		O FES
		TATI
		A
		enter the name of the nev
Name of New Registered Agent: N/A		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
Anter new mailing address, if applicable: Inter new mailing address, if applicable: N/A	Zip Code	

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability my 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	Art & Partners LLC	15272 SW 104 St	🖸 Add
		M1am1, FL 33196	Remove
			Change
MGR	Evazelaya	10835 SW 145 Place	Add
		MIami, FL 33186	Æ Remove
			Change
			Add
			☐ Remove
			Change
			🗆 Add
			□ Remove
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			Add
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tive date, if other than the date of filing:	ior to date of filing	or more than 90 days a	ptional) Par ülina i Purcuunt ta 605	. 0207
. If the date inserted in this block does not meet the appi	licable statutory	filing requirements.	this date will not be listed	ed as
nent's effective date on the Department of State's record	ds.			
cord specifies a delayed effective date, but ree 90th day after the record is filed.	not an effecti	ve time, at 12:0	1 a.m. on the earlie	er of
JANUARY 05 , 2018	$\overline{}$			
JANUARI 05 , 2018	/ · /			
/_	1-/-			
Signature of a member or au	therized represent	tative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00