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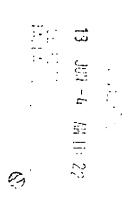
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Sec Division of Corp			
	CLUB LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	FLORIMON RICHER		
		Name of Person	
	VICE BOAT CLUB LLC		
		Firm/Company	
	20801 BISCAYNE BOULI	EVARD SUITE 403-1001	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	FABRICE@MCHCONSUL	TINGUSA.COM to be used for future annual report notific	vation)
For further information co	ncerning this matter, please co		cation,
FABRICE HERZSTEIN		786 923-5948 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
■ S25.00 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

VICE BOAT CEUB LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company florida document number 117000038085	were filed on 02/20/2017 and assigned
his amendment is submitted to amend the following:	
s. If amending name, enter the new name of the limited liab	oility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	25
	On.
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address her 	ffice address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Lawr Funda Mreet address
	, Florida
	City Zin 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>	Address	Type of Action
,			Remove
			Change
			Remove
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			☐ Change

OTHER PROVISION, IF ANY:	
ANY AND ALL LAWFUL PURPOSES	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fil	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute locument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effer The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the ear
Dated MAY 29TH 2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00