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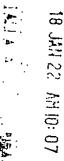
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COVER LETTER

	Registration Se Division of Cor					
		UTHERLAND LLC				
SUBJEC	1:	Name of Lim	ited Liability Company			
The enc!	osed Articles of	Amendment and feets) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		CARLOS MIQUEL				
			Name of Person			
		MIQUEL ACCOUNTING	SERVICE INC			
			Firm/Company	•		
		5100 S DIXIE HWY STE	Į to			
			Address			
		WEST PALM BEACH, F	4., 33405			
			City/State and Zip Code			
		CARLOS a MIQUELACCO	OUNTING.COM to be used for future annual report notif	 		
For furth	er information e	oncerning this matter, please co	·	(CallOH)		
CARLO	RLOS MIQUEL 561 588-8878					
	Name o	l'Person	at ()	e Felephone Number		
Enclosed	Lis a check for th	ne following amount:				
\$25.	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy tadditional 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

VHNNY SUTHERLAND 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 $\frac{03/10/2017}{1}$ and assigned Florida document number 1.17000056041 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VINNY SUTHERLAND LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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) 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

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. Thereby 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:

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