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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUBU	VBH USA			
SUBJI	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase	return all correspon	ndence concerning this matter	to the following:	
		MICHAEL AVERY		
			Name of Person	<del></del>
		VBH USA		
			Firm/Company	
		1819 SE 17TH STREET, #	#CU2	
			Address	
		FORT LAUDERDALE, F	L. 33316	
			City/State and Zip Code	
		MAVERY@VBHUSA.CO	M to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca		,
місн	AEL AVERY		954 281-8244 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 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

VBH USA, LLC		
(Name of the Limited Liability Com (A Florida Limite	i <mark>pany as it now appears on our rec</mark> ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compared Florida document number L17000079000	ny were filed on 04/07/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·	53.
Enter new mailing address, if applicable:		1Y 3 1
(Mailing address MAY BE A POST OFFICE BOX)		Pro Promo
		77 10 A 10
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	iress
	City	Florida

## 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
MGR	MICHAEL AVERY	8661 NW 24TH CT, SUNRISE, FL <b>33322</b>	Add
			Remove
			Change
MGR	MICHAEL SILVERMAN		Add
		3675 N. COUNTRY CLUB DR, AVENHURA, F.I.	Remove
			Change
			Add
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ective date, if other than the date of filing:		(optional)	
n effective date is listed, the date must be specific and cannot be prior to tee: If the date inserted in this block does not meet the applical	o date of filing or more than	90 days after filing.) P	ursuant to 605.0
ocument's effective date on the Department of State's records.	ole statutory ming requi	ements, and date wi	ii iiot oc iisted
record specifies a delayed effective date, but not	an effective time, a	it 12:01 a.m. on	the earlier
The 90th day after the record is filed.			
ated 5/23 , 2017			
MIN	<del></del> •		
///ichail Sulle			
Signature of a member or author	<del></del>		

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Filing Fee: \$25.00