Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809

Fax Number : (305)377-0781

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VBH USA, LLC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$30.00 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VBH USA, LLC  |   |   |                                       |
|---|---|---|---------------------------------------|
| (Name of the Limited Liability<br>(A Florida  | y Company as it now appr<br>Limited Liability Company | ars on our records.)                              | <del></del>                           |
| The Articles of Organization for this Limited Liability Co  | ompany 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 limit  | ted liability company                                 | here:   |                                       |
| The new name must be distinguishable and contain the words "Limit   | ted Liability Company," the                           | designation "LLC" or the ab                       | breviation "L.L.C."                   |
| Enter new principal offices address, if applicable:   |   |   |                                       |
| (Principal office address MUST BE A STREET ADDR   | ESS)  |   | 2                                     |
|   | <del></del>   | <del></del>                                       | 123                                   |
| Enter new mailing address, if applicable:   |   |   |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |   | - 3 - 4<br>- 1                        |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here:  | office address on our                                 | records, enter the nam                            | e of the new registered               |
| Name of New Registered Agent:   |   |   |                                       |
| New Registered Office Address:  | Enter F1  | orida street address                              |                                       |
|   |   |   |                                       |
|   | City  | , Florida   | Zip Code                              |
| New Registered Agent's Signature, if changing Registered  | Agent:  |   |                                       |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete performance o<br>ent as provided for in        | of my duties, and I am f<br>Chapter 605, F.S. Or, | familiar with and if this document is |
|   | If Changing Registered A                              | sgent, Signature of New Res                       | eistered 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 ALAN SILVERMAN | 2080 NE 63 Court,                     | ĒAdd                        |
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| Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar | specific and cannot be pri-<br>does not meet the appl | or to date of filing or mor<br>icable statutory filing | e than 90 days after filing.) I | Pursued to 605.0207 (3)(<br>ill not be listed as the |
| record specifies a delayed effective da<br>d is filed.  | e, but not an effective                               | time, at 12:01 a.m. or                                 | the earlier of: (b) The         | 90th day after the                                   |
| JANUARY II  | 2023  |  |                                 |  |
| 11.   |   | <del></del> ·  |                                 |  |
| / /   |   | horized representative o                               |                                 |  |

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