## Florida Department of State

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so will generate another cover sheet.		
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JRA PROFESSIONAL SERVICES

Account Number : 120160000062 : (305)310-3965

: (305)456-5945 Fax Number

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

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VGCB GROUP, LLC

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#### H170002012673

### COVER LETTER

TO:	Registration Sect Division of Corpo				
	VGCB GRO	UP, LLC			
SUBJE	CT:	Name of Limite	ed Liability Company		
		Land Santa Santa Santa	itted for filing		
		mendment and fee(s) are subm			
Please r	return all correspon	dence concerning this matter to	the following:		
		ZUNAY RABELO, EA			
			Name of Person	 	
		JRA PROFESSIONAL SEE	RVICES		
			Firm/Cempany		
		8202 NW 14 ST			
			Address	\$ \$47	
		DORAL, FL 33126			
			City/State and Zip C	ode	
		ZRABELO@JRAPROFESS	SIONAL.COM		
			o be used for future ar	muai report nomi	catory
For fu	rther information co	oncerning this matter, please ca	ill:		
ZUN/	ay rabelo, ea		305 at (	310-3965 )	
	Name o	f Person	Area Code	Daytime	Telephone Number
Enclo:	sed is a check for th	ne following amount:			
<b>≅</b> \$3	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop)	ρ̈́γ	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	R <b>e</b> gist Divisio	ING ADDRESS: ration Section on of Corporations	Rej Div	REET/COURI distration Section distribution of Corpor fron Building	
		ox 6327 assec, FL 32314	260	1 Executive Ce lahassee, FL 32	

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VGCB GROUP, LLC		
(Nume of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.  ulity Company)	)
e Articles of Organization for this Limited Liability Company we brida document number L17000118391  is amendment is submitted to amend the following:	ere filed on 05/30/2017	and assigned
If amending name, enter the new name of the limited liabilit	y company here:	
new name must be distinguishable and contain the words "Limited Liability	Commany," the designation "LLC"	or the abbreviation "L.L.C."
iter new principal offices address, if applicable:		<u> </u>
rincipal office address MUST BE A STREET ADDRESS)	<u> </u>	
		50 50 50 50 50 50 50 50 50 50 50 50 50 5
nter new mailing address, if applicable:		200 mg/s = 1 k k
falling address MAY BE A POST OFFICE BOX)		
rating address MAT BEAT OFF OFF CO.		ලුදු. <b>ලා</b> ද්ර
		<u>S</u>
i. If amending the registered agent and/or registered offi egistered agent and/or the new registered office address here:  Name of New Registered Agent:		Take in amile of the
New Registered Office Address:	ts.f	
New Registers of the Francisco	Enter Florida street addres	7 <b>.5</b>
	, FI	orida
	Cay	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ravided for in Chapter 605.	F.S. Or, if this document is
	1	
If Chan	ging Registered Agent, Signature	of New Registered Agent
	1	

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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> Fitle</u>	Name	Address	Type of Action
MGR	JORGE A.VILORIA AVILA	8202 NW 14 ST	
		DORAL, FL 33126	■ Remove
			Change
MGR 	MARIBEL C. COELLO CASTILL	8202 NW 14 ST	Add
		DORAL, FL 33126	■ Remove
			Change
			Remove
			☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	O Remove
			Change I
			2
			Remove
			Remove
			☐ Change

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. If amending any other information, enter enange(s) nere: (Attach additional sheets, if ne	cessary.)
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days and the next than 10 days and the specific and cannot be prior to date of filing or more than 90 days and the specific and cannot be prior to date of filing or more than 90 days and the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and cannot be prior to date of filing or more than 90 days are the specific and the specifi	ptional)
(If an effective date is listed, the date must be specific and cannot be prior to date of fiting or more than 40 days.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:0 b) The 90th day after the record is filed.	
JUNE 30TH 2017	Au. 28
Dated	2017 AUG
Signature of a member or authorized representative of a member	
Typed or printed name of signee	6 8: 35 CORDA
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Filing Fee: \$25.00	