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2017 AUG 16 PH 2: 12
SECKETARY OF SIAIE
SECKETARY OF SIAIE

7. HAKKE18

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dawn Beback-Grimsich Name of Person
VOBI Firm/Company
10644 Broadland Facs
Thonotosassa FL 33592 City/State and Zip Code
Grimala e a mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Grimsich at (813) 361-0523 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ 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





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2017

DAWN BEBACK-BRIMSICH 10644 BROADLAND PASS THONOTOSASSA, FL 33592

SUBJECT: VOBI, LLC

Ref. Number: L17000128892

ZBIZ AUG 16 PH-2: 12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

130

We have received your document for VOBI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

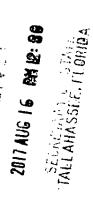
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00015612



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VICAR

	<u> </u>					
(Name of the Limite)	d Liability Compar A Florida Limited L	ny as it now appears on nability Company)	our records.)			
The Articles of Organization for this Limited Lia Florida document number		were filed on \overline{JC}	ne 13,2	017	ınd ass	igned .
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:				
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the design	nation "LLC" or the	abbrevia	tion "L.	L.C."
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET	'ADDRESS)		· · · · · · · · · · · · · · · · · · ·	∑ (2)	23:	, , , , , , , , , , , , , , , , , , ,
				<u>>-9</u>	<u>>-</u>	
Enter new mailing address, if applicable:				ETARY HASSE	919	CENTRAL PO
-				190	70	
(Mailing address MAY BE A POST OFFICE B	<u>() </u>			2121	ů	e
				<u>5,5</u>	2	
B. If amending the registered agent and/o registered agent and/or the new registered off			r records, <u>ent</u>	er the i	name	of the new
Name of New Registered Agent:		n Beba	-		<u> </u>	<u>h</u>
New Registered Office Address:		Broad (-		
	Thona	tusassa City	, Florida	<u> </u>	35 Code	92
New Registered Agent's Signature, if changing R						

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

14

MGR = Manager

AMBR = Authorized Member

	Title	<u>Name</u>	Address	Type of Action
	AMBR	David Grimsich	10644 Broadland Pass	Add
			Thonotosassa, FL 33592	Remove
_	NUZD	D 1 1 C .		Change
	ELLIDY D	laun Deback Grims	ich 10644 Broadland Pas	S_MAdd
			Thonotosassa, FL.	Remove
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cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 eet the applicable statutory filing requirements, this date will not be listed tate's records.	0207 (3)(b) d as the
ate, but not an effective time, at 12:01 a.m. on the earlier	r of:
•	
<u>, 2017</u>	
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amember or authorized representative of a member Typed or print prine of signee	<u>L</u>
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	(optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, eet the applicable statutory filing requirements, this date will not be lister tate's records.