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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Very Important Parties LLC 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:
Griselda Vazquez
Very Important Parties LLC
3104 Glenwood Rd
West Palm Beach FL 3340.5 City/State and Zip Code VIP. LMIH Q Jahoo. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Griselda Vazquez at (561) 450-0733 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Very Impor	tant	Payd ny as it now app liability Compan	165 Dears on our r	Coords.)		
The Articles of Organization for this Limited Liability Florida document number	Company	were filed on	2/0	9/201	\sum and assig	;ned
This amendment is submitted to amend the following:	:					
A. If amending name, enter the new name of the lin	imited liab	ility company	here:			
The new name must be distinguishable and contain the words "L	imited Liabil	lity Company," th	ne designation	"LLC" or the ab	breviation "L.I	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	<u>DRESS)</u>		/	V/A	18 MAY 2	SECHETA DIVISION OF
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Λ	I/A	9 AM ID: 42	LEP SIVIE
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad			on our rec	cords, <u>enter</u>	the name o	f the nev
Name of New Registered Agent:						
New Registered Office Address:						
		Enter	Florida street a	uddress		
				_, Florida		
		City			Zip Code	

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>	<u>Address</u>	Type of Action
MGR	Raul Vazquez	3104 Glenwood Rd	Add
		3104 Glenwood Rd WPB, FL 33405	R emove
			Change
			☐ Remove
			☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			☐ Change
			□ Add
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			☐ Change
			🗆 Add
			□ Remove
			Change
		 	Remove
			☐ Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessar	
	
	TAY
	29
	AM 80: 4:
	*
ffective date, if other than the date of filing:	g.) Pursuant to 605.02
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	on the earlier
rated	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00