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Effective - 05/25/2018

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gina Rocha
ab all Service, Inc.
1100 W 29th Street Ste C
Hallah FL 33012
City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Area Code Daytime Telephone Number
Name of Ceson Area Code Daytine Telephole Number
finelosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Certificate of Status Certificate 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIP Scorpion LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number	and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	<u>~</u>	<u>*</u> ∺
Enter new mailing address, if applicable:		63.65 63.67 64.67
(Mailing address MAY BE A POST OFFICE BOX)		FREE TO THE SECOND SEC
	53	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	r the name of	the new
Name of New Registered Agent:	 _	
New Registered Office Address: Enter Florida street address		
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>	Name	Address	Type of Action
MGR	Yariel Hernondez	820 N Golf DR	
		820 N Golf DR Hollywood, FL 33021	Remove
AP	Yariel Hernandez	830 N GOLF DR	
		Hollywood, FL 320	Remove
			□ Change
			□ Remove
			Change
			Remove
			□ Change
			Remove
			_□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
## ## ## ## ## ## ## ## ## ## ## ## ##	DISIAID
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5/25/18	
E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	ed as n
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	er of:
5/21 18	
Dated	
X General Contraction of the Con	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00