118000195254

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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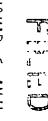


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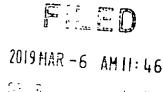
COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT:	V 13 LLC	ad Liability Company		
The enclosed Articles of Ame	ndment and fee(s) are subm	itted for filing.		
Please return all corresponden	ce concerning this matter to	the following:		
_	Snaw	Name of Person		
-	VIB	L C Firm/Company		
-	2700 N	Federal Address	Hwy #	408
-	Boynton B	each Fl City/State and Zip Code	33435	
	Shownk	ohres Ogmail. Co	<i>></i> ∕^	
	E-mail address: (to	be used for future annual i	report notification)	
For further information concer	ming this matter, please cal	l:		
Show Kahr		at (954)	049-05 Daytime Teleph	77
raine or res	···			
Enclosed is a check for the fol	lowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing free. Certificate of Status & 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



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 413000195254 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) a. if amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: cott C Gherman Name of New Registered Agent: New Registered Office Address:

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 inc 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 **Address Type of Action** <u>Title</u> Name AMBR VIB Holdings LLC _□ Remove Change □ Remove ☐ Change _ Add .□ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove

.

☐ Change

□ Add

☐ Remove

_□ Change

-	
	
	
ote: If t	date, if other than the date of filing:
recore The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
ited	
ated	Signatury of a member or authorized representative of a member

. . . .

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Filing Fee: \$25.00