M15000007648

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
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COVER LETTER

| Division of Corporations | • |
|--|---|
| SUBJECT: VLP Investors, LLC | |
| Name of Foreign Limited Liabi | ility Company |
| Dear Sir or Madam: | |
| The enclosed application, certificate and fee(s) are submitted for | for filing. |
| Please return all correspondence concerning this matter to the | following: |
| Jared Brunnabend | |
| Name of Person | _ |
| C/o Cynergy Property Management | |
| Firm/Company | - |
| 8181 NW 154th Street, Suite 260 | _ |
| Address | |
| Miami Lakes, FL 33016 | |
| City/State and Zip Code | - 701 701 |
| jared@bayshoreinv.com | ALCARA JUN |
| E-mail address: (to be used for future annual report notificat | tion) SSEC |
| For further information concerning this matter, please call: | |
| Jared Brunnabend 917 | <u>805-5043</u> = |
| at \ | 2 & Daytime Telephone Number |
| | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: \$\begin{align*} | ng Fee & S60 Filing Fee, d Copy Certificate of Status & |

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appear | rs on the records of the Florida Department of | |
|--|---|---------------------------------------|
| State: VLP Investors, LLC | | |
| Enter new principal office address, if applicable: | C/o Cynergy Property Manage | ement |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | 8181 NW 154th Street, Suite 2 | 260 |
| | Miami Lakes, FL 33016 | |
| Enter new mailing address, if applicable: | C/o Cynergy Property Manage | ement |
| (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>) | 8181 NW 154th Street, Suite 260 | |
| | Miami Lakes, FL 33016 | |
| 2. The Florida document number of this limited lia | ability company is: M15000007648 | |
| 3. Jurisdiction of its organization: Delaware | | |
| 4. Date authorized to do business in Florida: 09/ | /24/2015 | 2016 |
| SECTION II (5-9 complete only the applicable | | AHE JUN 2 |
| 5. New name of the limited liability company: | st contain "Limited Liability Company, " "L.L | (/) - |
| (mac | se contain Elimica Elability Company, Ele | <u> </u> |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. | maging members adopting the alternate name. | |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office a | | me of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida Street Addre | 200 |
| | | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the | ent and agree to act in this capacity. I further of and complete performance of my duties, and attered agent as provided for in Chapter 605, F is in the registered office address, I hereby con | I am familiar with .S. Or, if this |

| itle/ Capacity | <u>Name</u> | Address Type of Acti |
|----------------|------------------|--|
| MGR | Jared Brunnabend | 8181 NW 154th ST. #260, Miami Lakes, FL 33016 |
| | • | 3301 NE 1st Ave. Apt. 1604, Miami, FL 33137 |
| MGR Jose Tello | Jose Tello | 8181 NW 154th ST. #260, Miami Lakes, FL 33016 |
| | | 3301 NE 1st Ave. Apt. 1604, Miami, FL 33137 |
| · · · · · | | Add SS 28 SS 36 ATS 41 AND |
| | TRANK | |
| | | Remo |
| <u></u> | | Add |

Filing Fee: \$25.00

Typed or printed name of signee