1500032359

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

Office Use Only



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FEB 2 O ME TO A PRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	JD&T INTERN Name of Limi	ATICNAL UC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	São Per	Name of Person	
		Name of Person	
	VDÁT IN	Firm/Company	
		, ,	
	150 56	2nd Ave , STE (705
		Address	
	miami F	City/State and Zip Code	
		City/State and Zip Code	
	1001200	VOT INTERNATIONAL o be used for future annual report not	. COM
			incacion)
For further information of	oncerning this matter, please ca	ill:	
JOÃO PEI	DRO VOLZ	at (<u>3C5</u>) <u>C172 - 2</u> Area Code Daytin	2672
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	•		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, 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



February 6, 2018

JOAO PEDRO VOLZ 150 SE 2ND AVE, STE 905 MIAMI, FL 33131

SUBJECT: VD&T INTERNATIONAL LLC.

Ref. Number: L15000032359

We have received your document for VD&T INTERNATIONAL LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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: 718A00002425

FED 2.0 1013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VD &T (Name of the Limited (A	INTERNATIONAL Liability Company as it now apper Florida Limited Liability Company)	ars on our records.)	<u></u>
The Articles of Organization for this Limited Liab	ility Company were filed on _ 2 <u>359</u> .	02 17 2015	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company l	<u>iere</u> ;	
VD&T INTERNAT	TIONAL PLLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab	le:		~
(Principal office address MUST BE A STREET)			5;
Trincipul office dudress (405) BE ASTRIBET	<u> </u>		1
			<u> </u>
			· c
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			$\overline{\overline{C}}$
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our records, <u>enter tl</u>	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
		, 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
- 			
			□ Remove
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e date, if other than the date of filing:	FOU	novicing	any p	dissional	lical	services.
trive 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 60 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list int's effective date on the Department of State's records. Out of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the record is filed.		` '	r	•	·	
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Page 3 of 3

Filing Fee: \$25.00