

L17000085018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

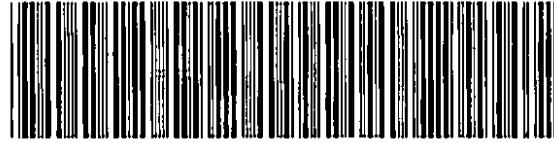
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 09101

2017 JUL 18 PM 4:04

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K. SALY
JUL 20 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: V.C.A INVESTMENTS 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:

CELSO MORAES
Name of Person

ASSELFIS INTERNATIONAL LLC
Firm/Company

6735 CONROY RD SUITE 307
Address

ORLANDO / FL - 32835
City/State and Zip Code

CELSOVM@ASSELFIS.COM.BR
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CELSO MORAES at (407) 765-4480
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V.C.A INVESTMENTS 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 04/17/2017 and assigned
Florida document number L17000085018.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. 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:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CELSO JESUS S DE MORAES	RUA FREI CANECA 109	<input checked="" type="checkbox"/> Add
		SAO PAULO, SP 01307-001 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VICTORIA P MORAES	RUA FREI CANECA 109	<input checked="" type="checkbox"/> Add
		SAO PAULO, SP 01307-001 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDREIA P MORAES	RUA FREI CANECA 109	<input checked="" type="checkbox"/> Add
		SAO PAULO, SP 01307-001 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GUSTAVO V MORAES	CALC DOS ANTARES 272 SL 04	<input type="checkbox"/> Add
		SANTANA PARNAIBA/SP - BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 HALL ASSISE, FLORIDA
 COUNTY OF STATE
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