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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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SEP 0.5 2019 I ALBRITTON

COVER LETTER

ern iner.	AND MEDIA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RODRIGO PICON		
	VC PRINT AND MEDIA,	Name of Person LLC	
	10750 NW 66 ST, STE # 1	Firm/Company	
	DORAL, FLORIDA 33178	Address 8	<u> </u>
	natiana@gmail.com	City/State and Zip Code	
For further information c	E-mail address: (oncerning this matter, please or	to be used for future annual report notifiall:	ication)
Natiana Marante		786 999-9640 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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

TO:

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

TO ARTICLES OF ORGANIZATION OF

VC PRINT AND MEDIA, LLC

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	.)
The Articles of Organization for this Limited Liability C Florida document number L17000212018	Company were filed on 10/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		26.5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on our records	enter the name of th
registered agent and/or the new registered office add		in N
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
MGR	CARLOS ALONSO	10750 NW 66 ST, STE # 103	
		DORAL, FL 33178	□ Add
			Remove
	CURNAL N DRICENO	10750 NW 67 CT CTT # 103	Change
MGR	GERMAN BRICENO	10750 NW 66 ST, STE # 103	
		DORAL, FL 33178	
			■ Remove
			Change
MCD	FRANCISCO GARCIA	10750 NW 66 ST, STE # 103	Change
MGR	 		Add
		DORAL, FL 33178	 n
			Remove
			Change
MGR	BLANCA VALENCIA	10750 NW 66 ST, STE # 103	
		DORAL, FL 33178	
			Remove
			Change

			□ Remove
			Change
			□ Remove
			Change

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	st be specific and cannot be pric ock does not meet the appli	(option or to date of filing or more than 90 days after filing requirements, this can be statutory filing requirements.	ling.) Pursuant to 605.0207 (
he record specifies a delayed The 90th day after the rec		ot an effective time, at 12:01 a.	m. on the earlier of:
Dated August 20	2019	·	
_ Rodrigo	, Picón	horized representative of a member	
	Signature of a member or aut	horized representative of a member	
Kodnigo	> HWM.		
	Typed or prir	nted name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00