

L200000 97070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

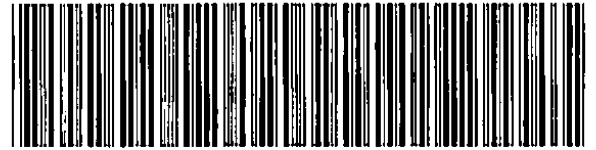
(Business Entity Name)

(Document Number)

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05/05/20--01020--001 \*\*25.0

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R. WHITE

MAY 20 2020

TO: Registration Section  
Division of Corporations

V12 MASK LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FAREK KIRSCHEN

\_\_\_\_\_  
Name of Person

V12 MASK LLC

\_\_\_\_\_  
Firm/Company

16850 COLLINS AVENUE #112

\_\_\_\_\_  
Address

SUNNY ISLES BEACH, FL 33160

\_\_\_\_\_  
City/State and Zip Code

FK@V12MASK.COM

\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

FAREK KIRSCHEN

305

890-9900

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TO  
**ARTICLES OF ORGANIZATION**  
OF

V12 MASK LLC

2 - 5 11:12

(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 04/06/20 and assigned Florida document number 120000097070.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

V12 Supply LLC

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:**

2051 NW 112TH AVE SUITE 127

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33172

**Enter new mailing address, if applicable:**

2051 NW 112TH AVE SUITE 127

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL 33172

**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:

V12 Forza LLC

New Registered Office Address:

16850 Collins Ave Unit 112

*Enter Florida street address*

Sunny Isles Beach

Florida

33160

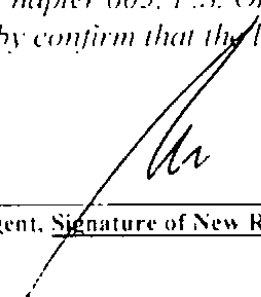
*City*

*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



or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
MGR	TAREK KIRSCHEN, CEO	16850 COLLINS AVE #112	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LAZARUS KAUFMAN, COO	1000 QUAYSIDE TERRACE # 411	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PHILIPPE BELLANDE JR. CFO	8625 SW 147TH TERRACE	<input checked="" type="checkbox"/> Add
		PALMETTO BAY, FL 33158	<input 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

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

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04/28/2020

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective 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 605.0207

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 29 2020

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
TAREK KIRSCHEN  
\_\_\_\_\_  
Typed or printed name of signer