

M1400000 3911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

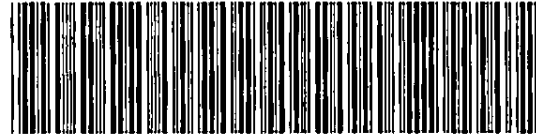
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Lele3-



500327219095

04/04/19--0101S--011 \*\$55.00

2019 APR 26 AM 11:51

FILED

C. GOLDEN

APR 27 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Telsis Trading Group LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessenia M. Vega  
Name of Person

VGV (US) LLC  
Firm/Company

201 Alhambra Circle Suite 600  
Address

Coral Gables, FL 33134  
City/State and Zip Code

jvega@vivancoyvivanco.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessenia Vega at ( 786 ) 802-2972  
Name of Person Area Code & 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:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2019

JESSENIA VEGA  
201 ALHAMBRA CIRCLE  
SUITE 600  
CORAL GABLES, FL 33134

SUBJECT: TELSIS TRADING GROUP LLC  
Ref. Number: M14000003911

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 119A00007473

2019 APR 26 PM 12:38  
DEPARTMENT OF STATE

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

FILED

2019 APR 26 AM 11:51

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of \_\_\_\_\_

State: Telsis Trading Group LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M14000003911

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 05/30/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

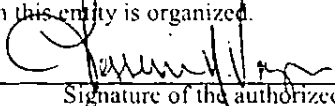
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Alexandra Meacle</u>	_____	<input type="checkbox"/> Add
		<u>201 Alhambra Cir Suite 600</u>	<input checked="" type="checkbox"/> Remove
		<u>Coral Gables, FL 33134</u>	
<u>MGR</u>	<u>Juan Fernando Salazar Egas</u>	<u>201 Alhambra Cir, Suite 600</u>	<input checked="" type="checkbox"/> Add
		<u>CORAL GABLES, FL 33134</u>	
		_____	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Marcel Scholem</u>	<u>201 Alhambra Circle Suite 600</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FL 33134</u>	
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 Signature of the authorized representative

Jessenia Vega  
 Typed or printed name of signee

Filing Fee: \$25.00