## KXX000070297

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





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## **COVER LETTER**

	n of Corpo				
	EYT LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The anclosed Ar	ricles of A	mendment and fee(s) are sub	omitted for filing		
			-		
Please return all	correspond	dence concerning this matter	to the following:		
		CAROLINA ACQUILA			
			Name of Person	······································	
		VEYT LLC			
			Firm/Company		
	3900 S GOLDENROD ROAD SUITE 112				
			Address		
		ORLANDO, FL, 32822			
			City/State and Zip Code		
		acquila.carolina@gmail.cor	n to be used for future annual report:	-otification)	
For further infor	mation con	icerning this matter, please c	·	ionication)	
Carolina Acquil			407 675-9495		
Caronna Acquin			at ()		
	Name of F	erson	Area Code Day	time Telephone Number	
Enclosed is a che	eck for the	following amount:			
■ \$25.00 Filin	ig 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)	
	g Address:	ation	Street Address		
_	tration Se	ction porations	Registration Division of (		
	30x 6327	L		of Tallahassec	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VEYT LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 02/10/2022	and assigned
Florida document number L22000070297		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	bbreviation "ba.C."
Enter new principal offices address, if applicable:		2 L
(Principal office address MUST BE A STREET ADDRE	<u></u>	
	<del></del>	SS T
		PR 3:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		कृतः -1
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the nan	ne of the new registered
Name of New Registered Agent:	<del></del>	<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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 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>	Name	Address	Type of Action
MGR	VIVIANA C GRATAROLA		□Add
		San Luis 860 Rosario SF 2000 AR	Remove
			DChange
MGR	VIRGINIA M GRATAROLA	10278 Spring Shores Dr Winter Garden FL	\equiv Add
			□Remove
		<del></del>	DChange
MGR	MARIA F IBARMEA	Bernardo Quintana 80b Mexico City Mexico 01219	🖹 Add
			□Remove
<del></del>			□Change
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ecord specifi is filed.	ies a delayed effecti	ve date, but no	ot an effective	time, at 12:01	a.m. on the earlier	of: (b) The 9	0th day after th
nted May 26		· -	, 2022	suite	>		
		Simme	/ 1 JZ		totius of a minutes		
		Signature of a	a member or au	nopizea represen	tative of a member		