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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

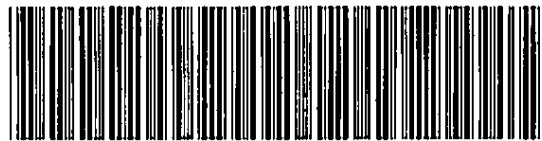
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VEYT 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:

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.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Acquila 407 675-9495
 _____ 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

VEYT LLC

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>
MGR	VIVIANA C GRATAROLA		<input type="checkbox"/> Add
		San Luis 860 Rosario SF 2000 AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIRGINIA M GRATAROLA	10278 Spring Shores Dr Winter Garden FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA F IBARMEA	Bernardo Quintana 80b Mexico City Mexico 01219	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL 32304

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated May 26, 2022

Carolina A Acquila

Typed or printed name of signee