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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cir	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
rtified Copies	Certificates	s of Status
pecial Instructions to	Filing Officer:	·
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COVER LETTER

SERVICOM GROUP LLC

Registration Section **Division of Corporations**

):

BJECT:			
	Name of Lim	ited Liability Company	
e sastos ed Aminton of	Samuel and Santa and Santa	missout Com Ettino	
enciosed Articles of	Amendment and fee(s) are sub	ining for imag.	
ase return all correspo	ondence concerning this matter	to the following:	
		Gabrielle A Pereyra	
		Name of Person	<u> </u>
	AVAI	ON INCORPORATORS LLC	
		Firm/Company	
	201.	Alhambra Circle Suite 600	
		Address	
		Coral Gables FL, 33134	
		City/State and Zip Code	<u> </u>
		reyra@vivancoyvivanco.com	
		to be used for future annual report no	dification)
further information of	concerning this matter, please c	au;	
alie Martinez		786 802-2	
Name o	of Person	at () Area Code Daytii	me Telephone Number
losed is a check for t	he 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
MAII	INC ADDRESS	STDFFT/CAU	HED ANNDERS.

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 OCT 15 AM 10: 17

SECRETARY OF STATE TALLAHASSEE, FL

SERVICOM GROUP LLC

(A Florida L	Company as it now appear imited Liability Company)	s on our records.)	
Articles of Organization for this Limited Liability Corda document number	mpany were filed on	04/24/2003	and assigned
amendment is submitted to amend the following:			
f amending name, enter the new name of the limite	d liability company he	<u>ere</u> :	
w name must be distinguishable and contain the words "Limite	• •	•	bbreviation "L.L.C."
r new principal offices address, if applicable:	201 Alhambra C		
<u>cipal office address MUST BE A STREET ADDRE</u>	Coral Gables FL	., 33134	
r new mailing address, if applicable:	201 Alhambra C	Circle Suite 600	
ling address MAY BE A POST OFFICE BOX	Coral Gables FL	., 33134	
ing dutiess MAT BE A POST OFFICE BOAT	-		
If amending the registered agent and/or register tered agent and/or the new registered office address Name of New Registered Agent: VGV (U)	ss here:	our records, <u>enter</u>	the name of th
N D	ambra Circle Suite 600		
New Redistered Little Address.	Enter Flor	ida street address	
New Registered Office Address: 201 Alna		Gables Florida	
New Registered Office Address:	Coral Gables	, Florida	33134
New Registered Office Address:	Coral Gables	, Florida	33134 Zip Code

If Changing Registered Agent, Signature of New Registered Agent

ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

mpany has been notified in writing of this change.

amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added_removed from our records</u>:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
GR	VGV (US) LEC	201 Alhambra Circle Suite 600	
———			Add
		Coral Gables, FL 33134	
			Remove
			☐ Change
GR	Gaston Menendez	1627 Brickell Avenue Unit 2101	
		Miami, FL 33129	
			Remove
			Change
			Add
			Remove
			🗖 Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change

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ffective <u>:</u> If the	ate, if other than the date date is listed, the date must be speedate inserted in this block do effective date on the Departr	ecific and cannot be prior oes not meet the applic	able statutory filing	(optional) re than 90 days after filing.) Purequirements, this date will	irsuant to 605.020 I not be listed a
	specifies a delayed effe h day after the record i		t an effective tir	ne, at 12:01 a.m. on	the earlier
e 90ti	October 8th	2018			
e 90ti d	October sur	·	<u> </u>		
	XC+111 l	ture of a member or auth	<u> </u>		

Page 3 of 3

Filing Fee: \$25.00