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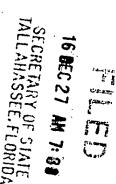
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COVER LETTER

TO: Registration Sect Division of Corpo		•	
SUBJECT:	VELSON A	ted Liability Company	•
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Hug	Name of Person	
		Name of Person VELSON FIRM/Company	
	14812 S	$\frac{W}{Address}$ STREFT	·
	VELSON TRUCK E-mail address: (i	City/State and Zip Code CDD TS & BE/50 o be used for future annual report notice	OUTH NET
For further information cor	cerning this matter, please ca		
HUGO VE	erson	at (786) 395 Area Code Daytime	e Telephone Number
Enclosed is a check for the	_	H \$55.00 Filing Fee &	3 \$60.00 Filing Fee,
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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

VELSON	LLe	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>LO 3000017430</u>	pany were filed on <u>07/25/20</u>	20:3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	····	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		RE JAR NAHASSI
New Registered Office Address:	Futu Plant do atmost addana	TO B
	Enter Florida street address	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7
	City Flori	ida 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

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 = M $AMBR = A$	Annager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Velosavez, JUDN DIEGO	14812 SW 136 ST	Add
	,	Miani, PC 33196	Remove
			☐ Change
H <u>GRM</u>	Velosovez, Conlos Andres	14812 Sw 136 ST	
		MIOMI, FC 33196	Remove
	, ^` <i>n</i>		Change
AMBR	Velez, Hugo	14812 SW 136 ST	🖺 Add
		MAMI, Pt 33196	■ Remove
			Change
MGR	FONSECA, DIBNILDA	14812 SW 136 ST	Add
	FONSECA, DIBNILDA	MISHI, FL 33196	Remove
		,	Change
	N+80-11-11-11-11-11-11-11-11-11-11-11-11-11		Add
			Remove
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			■ Remove
		•	Change

SUTHORIZED PERSON DETAIL		10-11-19 ₍₄₎
VELEZ, HUGO 14812 CW 136 57		
MIBMI, FL 33196		
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	DE A	<u>60</u>
Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 downwest. If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	_ (optional) ays after filing.) Pu ints, this date will	rsuant to 605.0207 not be listed as
he record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	2:01 a.m. on	the earlier of
Dated DECEMBER 20, 2016. Signature of a member of authorized representative of a member	 	<u>.</u>

Page 3 of 3

Filing Fee: \$25.00