

L050000 88041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

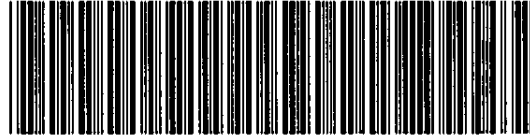
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

NOV 20 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: V Trust Properties 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:

Cesar A. Clavero, CPA

Name of Person

STRIX Partners LLC

Firm/Company

1234 South Dixie Highway, Suite #329

Address

Coral Gables, Florida 33146

City/State and Zip Code

cclavero@strixpartners.com

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

For further information concerning this matter, please call:

Cesar A. Clavero, CPA

305 490-0005
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page 1 of 3

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.	Adriana L. Vilhena	1234 South Dixie Highway	<input type="checkbox"/> Add
		Suite 329	<input type="checkbox"/> Remove
		Coral Gables, Florida, 33146	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr.	Fabiola Brasil Vilhena	1234 South Dixie Highway	<input type="checkbox"/> Add
		Suite 329	<input type="checkbox"/> Remove
		Coral Gables, Florida, 33146	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The total changes consist of:

1. Change Adriana L. and Fabiola B. Vilhena's address to 1234 South Dixie Highway, #329 Coral Gables, FL.

E. Effective date, if other than the date of filing: ASAP **(optional)**


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 11, 2015


Signature of a member or authorized representative of a member

Cesar A. Clavero, CPA

Typed or printed name of signee

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TALLAHASSEE FLORIDA
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