

L06 000027238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Specific Nature of Business

Office Use Only



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CLERK OF STATE  
TALLAHASSEE, FL

2022 APR -8 PM 4:26

FILED

A. BUTLER

APR 26 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LAW OFFICE OF VICTORIA VIDRE PLLC

\_\_\_\_\_  
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:

GUILLERMO DE HOWARTZ

\_\_\_\_\_  
Name of Person

IN BALANCE ACCOUNTING SYSTEMS INC

\_\_\_\_\_  
Firm/Company

18459 PINES BLVD STE 222

\_\_\_\_\_  
Address

PEMBROKE PINES, FL 33029

\_\_\_\_\_  
City/State and Zip Code

gdh1d@aol.com

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

For further information concerning this matter, please call:

GUILLERMO DE HOWARTZ

305 567-0363  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2022 APR -8 PM 4:26

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

we are adding P to LLC as per florida  
bar requirements for licensed law firms.  
The name should show on filing as:  
LAW OFFICE OF VICTORIA VIDRE, PLLC.

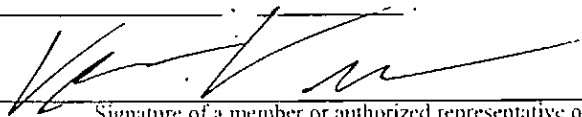
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 MARCH 9, 2022



Signature of a member or authorized representative of a member

VICTORIA VIDRE

Typed or printed name of signer



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 APR -8 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FL

March 28, 2022

GUILLERMO DE HOWARTZ  
18459 PINES BLVD  
STE 222  
PEMBROKE PINES, FL 33029

SUBJECT: LAW OFFICE OF VICTORIA VIDRE LLC  
Ref. Number: L06000027238

We have received your document for LAW OFFICE OF VICTORIA VIDRE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU NEED TO BE SPECIFIC IN THE NATURE OR YOUR BUSINESS.

*(See change on last page)*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 622A00007225