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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Callahan APR 12 2012

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: VT Management, 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:

Efraim G. Vicente

Name of Person

Tresor Moderne, LLC.

Firm/Company

2269 Indian Road, Building #5

Address

West Palm Beach, FL 33409

City/State and Zip Code

egerardov@gmail.com

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

For further information concerning this matter, please call:

Efraim G. Vicente

Name of Person

at ( 561 )

290-0305

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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12 APR 11 AM 10: 52

VT Management, LLC.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/30/2007 and assigned  
Florida document number L07000045273.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Tresor Moderne, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2269 Indian Road

Building #5

West Palm Beach, FL 33409

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2269 Indian Road

Building #5

West Palm Beach, FL 33409

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Efraim G. Vicente

New Registered Office Address:

2269 Indian Road, #5

*Enter Florida street address*

WPB

*City*

, Florida

33409

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jetzaida Alejandra Torrens	2269 Indian Road, #5 WPB, FL 33409	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Efraim Gerardo Vicente	2269 Indian Road, #5 WPB, FL 33409	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated April 6, 2012



Signature of a member or authorized representative of a member

Efraim G. Vicente

Typed or printed name of signee