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(Re	equestor's Name)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

FEB 1 | 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of C	Section orporations		
SUBJEC	V/	ERYPRONTO	D, LLC	
SUBJEC			(Name of Limited Liability Company)	
The encl	osed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all corresp	condence concerning this matte	r to the following:	
		CARI	OS BARBOZA	OB DIVIS
			(Name of Person)	FEB IONE
		VE	RY PRONTO, LLC	
			(Firm/Company)	PRPOS
		1135	9 NW 57TH LAN	PH 1: 00
			(Address)	
		DO	RAL, FLORIDA 33	178
			(City/State and Zip Code)	
For furth	er information	concerning this matter, please of	call:	
CA	RLOS E	34RB02A	at (305) 562-9	7/P
	(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed	is a check for	the following amount:		
	0 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
	·	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns
			Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VEA	ZY PRONTO, ILC		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our ida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabili	ty Company were filed on M. 16,	2008 and assigned	
Florida document number ACCT. # 1200%	0000001	ECR.	
DOCUMENT NUMBER: LOSC		and assigned FEB-E	
This amendment is submitted to amend the following	g:	8 P CONTE	
A. If amending name, enter the new name of the	limited liability company here:	STATE US ORATIONS	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation	
Name of New Registered Agent:  New Registered Office Address:			
	(Enter Florida street address)		
_	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist	ered Agent:	;	
I hereby accept the appointment as registered age the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	r and complete performance of my du d agent as provided for in Chapter 60 tered office address, I hereby confirn	uties, and I am familiar with and 08, F.S. Or, if this document is	
	(If Changing Registered Agent, Signa	ture 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 Title <u>Name</u> **Address** Type of Action MGRM 11359 NW STELANE BEATRIZ BARBOZA **X**Add MIAMI, FLOPIDA 33176 Remove Add Remove Add Remove Add Remove  $\Box$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_FERVARY Signature of a member or authorized representative of a member CARLOS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00