

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L10000014864

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ACBOTAX CORP  
Account Number : I20190000033  
Phone : (786)703-5142  
Fax Number : (786)703-8148

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VERSO DESIGN LLC**

Certificate of Status	0
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COVER LETTERTO: Registration Section  
Division of Corporations

SUBJECT: VERSO DESIGN 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:

VERONICA SOLORZANO

Name of Person

VERSO DESIGN LLC

Firm/Company

1541 SUNSET DRIVE SUITE 303

Address

CORAL GABLES, FL 33143

City/State and Zip Code

vero1908@aol.com

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

For further information concerning this matter, please call:

VERONICA SOLORZANO

786 285-0301  
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 32314Street Address:Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERSO DESIGN LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/09/2010 and assigned  
Florida document number L10000014864.

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 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)

210 SEA VIEW DRIVE

SUITE 212

KEY BISCAYNE, FL 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1541 SUNSET DRIVE

SUITE 303

CORAL GABLES, FL 33143

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:

ACBOTAX, CORP

New Registered Office Address:

1541 SUNSET DRIVE SUITE 303

*Enter Florida street address*

CORAL GABLES

, Florida 33143

*City*

*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. OF, 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.*

DocuSigned by:

PAULA FRANCO

If Changing Registered Agent, Signature of New Registered Agent

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FLORIDA

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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>
MGRM	VERONICA SOLORZANO	1541 SUNSET DRIVE	<input type="checkbox"/> Add
		SUITE 303	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33143	<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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

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) of the Rules of the Commission, the date of filing of a statement of interest in a security is not required to be listed as the effective date of the filing.

**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 AUGUST 8TH 2022

DocuSigned by:

Very Short

Signature of a member or authorized representative of a member

VERONICA SOLORIZANO

Typed or printed name of signee

**Filing Fee: \$25.00**

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