

L10 0000 894 98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

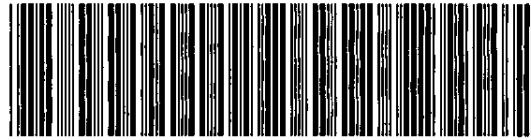
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TALLAHASSEE, FLORIDA

JAN -5 2015  
N. CAUSSEAU

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VETTORE USA, 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:

**CHARLES SERFATY ESQ.**

Name of Person

**SERFATY LAW, PA**

Firm/Company

**4770 BISCAYNE BLVD SUITE 1430**

Address

**MIA MI FL 33137**

City/State and Zip Code

**cserfaty@serfatylaw.com**

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

For further information concerning this matter, please call:

**Alex Ascanio**

**305 722-5555**  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2014

CHARLES SERFATY ESQ  
SERFATY LAW, PA  
4770 BISCAYNE BLVD SUITE 1430  
MIAMI, FL 33137

SUBJECT: VETTORE USA, LLC  
Ref. Number: L10000089498

We have received your document for VETTORE USA, 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):

The effective date must be specific and cannot be prior to the date of filing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please specify if Alexandre Goldman is being added or removed.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 814A00026237

## **Serfaty Law, P.A.**

**4770 Biscayne Boulevard, Suite 1430, Miami, Florida 33137**

**Telephone: 305-722-9999 / Fax: 305-722-9555**

**Charles S. Serfaty, Esq.**

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### **FACSIMILE TRANSMITTAL SHEET**

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**TO: MS. HARRIS**

**FROM: ALEX ASCANIO**

**COMPANY: SUNBIZ**

**DATE:**

**FAX NUMBER: : 850-245-6030**

**TOTAL NO. OF PAGES INCLUDING  
COVER: 4**

**PHONE NUMBER:**

**SENDER'S REFERENCE NUMBER:**

**Re:**

**YOUR REFERENCE NUMBER:**

**VETTORES USA LLC**

**NOTES/COMMENTS:**

**3<sup>RD</sup> ATTEMPT**

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

**VETTORE USA, 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 08/25/2010

Florida document number L100000089498

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 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)**

Enter new mailing address, if applicable:

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

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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. 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**

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15 JAN -2 PM 1:01  
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TALLAHASSEE, FLORIDA

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	ALEXANDRE GOLDMAN	4770 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 1430 MIAMI FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**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)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/8/14 \_\_\_\_\_

Charles Serfaty

Signature of a member or authorized representative of a member

**SERFATY LAW, P.A**

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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