112-000087140

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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2014 APR 28 FM 3: 14
SECRETARY OF STATE
JALLAHASSEF, FLORIDA 50
T CLI

COVER LETTER

TO: Registration Se Division of Cor			<u></u> ,
	VERSATEK	1.1.0.	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LEONAL	Name of Person Firm/Company	FAGA_
	VEKSA	TEK L.L.C.	
	11217 1	Firm/Company	
	11317 1	Address	4
mary ya 1 - Kalinda Ariba	Donal.	. Fl. 33178	20H A
	LENNY (a. E-mg/l address: (City/State and Zip Code VEKSATEK-LL to be used for future annual report notifi	C.COM SSET 28
	concerning this matter, please c		TO THE THE SECOND SECON
LEONART	D. E. ARTEAU	64 at (305) 801	-06/4 B =
Name o	of Person	Area Code Daytime	Telephone Number
	r		
Enclosed is a check for t	_		
□ \$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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERGATEK LLC				-	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited		,			
The Articles of Organization for this Limited Liability Compan	y were filed on _	07/03/201	2 and a	assigned	ľ
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the de	esignation "LLC" or the	abbreviation	L.L.C.	,
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			57.	2	
			달	<u></u>	
			- <u>48</u>	20	\$ f
Enter new mailing address, if applicable:			SSE	20	ijararza E
(Mailing address MAY BE A POST OFFICE BOX)			m _s		[1]
			955 955	بب	1,5
			33		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, <u>ente</u>	r the nam	e of th	<u>ie new</u>
Name of New Registered Agent:				-	
New Registered Office Address:					
	Enter Florid	la street address			
		, Florida _			
	City	· · · · · · · · · · · · · · · · · · ·	Zip Co	de	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				
				,	

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

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 = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luis E. ARTEAGA	15984 5.W. 61 Ct.	Add
		15984 5.W. 61 Ct. DAVIE, Fl. 33331	□ Remove
MGR	ALEXA M. ARTEAGA	8435 5.W. 102 Pl. MIAMI, Fl. 33/73	Add
		MIAMI, Fl. 33/73	□ Remove
			Adus
			Remove 28
			Remove
			Add
			Remove
			Add
			□ Remove

f amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective	date, if other than the date of filing:(optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated	4/24/14 - 15
	Signature of a member or authorized representative of a member LEWARD E. ARTGAGA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00