

L12000097358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

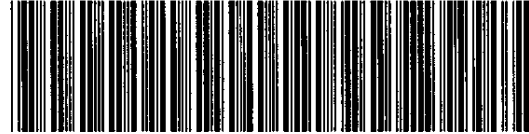
(Business Entity Name)

(Document Number)

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14 MAY 27 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CVM AMERICA, 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:

WILLIAM C. VOIGHT II

Name of Person

VOIGHT, P.A.

Firm/Company

7680 UNIVERSAL BLVD., SUITE 100

Address

ORLANDO, FL 32819

City/State and Zip Code

WILLIAM@MYVOIGHT.COM

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

For further information concerning this matter, please call:

WILLIAM C. VOIGHT II

Name of Person

at **407 477-4559**

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

CVM AMERICA, LLC

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- 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	GABRIEL MATRAVOLGYI	10182 HART BRANCH CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Remove
MGR	CASSIO A. VICENTIN	10182 HART BRANCH CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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SECURITY
ALLIANCE
FLORIDA

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

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 MAY 19, 2014



Signature of a member or authorized representative of a member

WILLIAM C. VOIGHT II

Typed or printed name of signee

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Filing Fee: \$25.00

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14 MAY 27 AM 11:42
CLERK OF STATE
TALLAHASSEE, FLORIDA