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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	ion Section of Corporations		
VOSI SUBJECT:	MO LLC	•	
SUBJECT:	Name of I	imited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are s	submitted for filing.	
Please return all co	rrespondence concerning this mat	ter to the following:	
	MOSCATELLI, GIORG	GIO	
		Name of Person	
	VOSMO LLC		
	 	Firm/Company	
	218 SE 14TH STREET	UNIT 5108	
		Address	
	MIAMI FL 33131		
		City/State and Zip Code	
	GIORGIO.MOSCATEL	LI@VOSMO.NET s: (to be used for future annual report notif	ication)
For further informa	tion concerning this matter, please	·	(Canon)
MOSCATELLI, G	IORGIO	786 7285145	
N'	ame of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check	: for the following amount:		
■ \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ddress: tion Section of Corporations	<u>Street Address:</u> Registration Sec Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

---1. - FI 5:09

VOSMO LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L12000115660	y were filed on and a	ssigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "	L L.C."	
Enter new principal offices address, if applicable:	218 SE 14TH STREET UNIT 5108		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33131		
Enter new mailing address, if applicable:	218 SE 14TH STREET UNIT 5108		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33131		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the n	ew reg	
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address		
	Enter Florida street address, Florida City Zip Code		

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 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>	Address 2774 - 1775 99	Type of Action
MGR	VIRGINIA MOSCATELLI	1200 BRICKELL BAY DR #3401	= Add
		MIAMI FL 33131	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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n effective date is liste	d, the date must be specific	and cannot be prior to	date of filing or mo	re than 90 days a	otional) ther filing.	Pursuant to 605.020
ote: If the date inser	rted in this block does no	ot meet the applicab	ole statutory tiling	requirements.	this date	will not be listed as
cument's effective of	late on the Department c	of State's records.				
ecord specifies a del	ayed effective date, but i	not an effective tim	e, at 12:01 a.m. o	n the earlier of:	(b) The	e 90th day after the
is filed.						•
ted 10/15	<	, 2020				
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	Signature of	f a momber og authori	zed representative of	or a member		
		/ / /				
		Clistala	Moscatelli			

Filing Fee: \$25.00