

L12000144574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

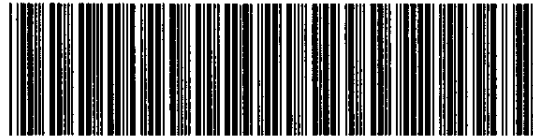
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000254015480

11/25/13--01020--021 \*\*60.00

FILED

2013 NOV 25 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 26 2013

T. HAMPTON

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **VVO CONSULTING, 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:

**JOSE VARVARO**

Name of Person

Firm/Company

**7910 HARBOR ISLAND DR. APT. 1207**

Address

**NORTH BAY VILLAGE. FL, 33141**

City/State and Zip Code

**info@vvoconsulting.com**

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

For further information concerning this matter, please call:

**JOSE VARVARO**

Name of Person

at ( **786** ) **6647340**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input 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 checked="" 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

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

VVO CONSULTING, 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 11/15/2012  
Florida document number L12000144574

FILED  
NOV 25 PM 4:24  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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:

2333 Brickell Ave. Suite D1

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL. 33129, USA

Enter new mailing address, if applicable:

2333 Brickell Ave. Suite D1

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL, 33129, USA

**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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	INDUSTRIAS DESIGNER PLAST, C.A.	CALLE 1. ZONA INDUSTRIAL TERRINCA. GALPON 1	<input checked="" type="checkbox"/> Add
		GUATIRE. EDO. MIRANDA. 1221. VENEZUELA	<input type="checkbox"/> Remove
MGRM	JOSE VARVARO	7910 HARBOR ISLAND DR. PH1207	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL. 33141. USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 NOV 25 PM 4:24

FILED

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated NOVEMBER 20 2013

  
Signature of a member or authorized representative of a member

**JOSE VARVARO**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 25 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**