Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010

: (305)530-9400

Phone Fax Number

: (305)530-9409

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	agurierrez	<u>Onifla</u>	law.com_		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VEROSALVI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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From: 3055309409

COVER LETTER

	gistration Sec vision of Corp					
SUBJECT	VEROSAL	VI, LLC				
SCESECT		Name of Limi	ted Liability Company			
The enclose	ed Articles of A	Amendment and fec(s) are sub-	mitted for filing.			
Please retu	n all correspon	ndence concerning this matter	to the following:			
		Alberto Interian				
			Name of Person			
		Neiman & Interian, PLLC				
			Firm/Company			
		2020 Ponce de Leon Blvd., Suite 1005 B				
		Address				
		Coral Gables, Florida 3313				
		E-mail address: (to be used for future amual report notif	icution)		
For further	Information o	oncerning this matter, please co	ali:			
Alberto In	teria n		305 530-9400			
•	Name o	f Person	Area Code Daytine	: Telephone Number		
Enclosed is	a check for th	ne 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 Tallahassec, FL 32301

To: 8506176383

From: 3055309409

(((H18000244422 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	VEROSALVI, LLC	
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lin Florida document number L13000004787	ability Company were filed on January 9, 2013	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		·
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/or the new registered of	or registered office address on our records, <u>ente</u> fice address here:	er the name of the ne
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

Page 1 of 3
(((H18000244422 3)))

From: 3055309409

(((H18000244422 3)))
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

Title	Name	Address	Type of Action
MGR	Antonio P. Salvicli	. 8445 N.W. 33 Street	
		Cooper City, FL 33024	□ Ramova
			□ Change
MGR	Doris Mata De Salvioli	8445 N.W. 33 Street	= Add
		Cooper City, FL 33024	CI Parraya
			Change
MGR ²	Veronica Salvioli	5311 S.W. 173 Avenue	D Add
		Miramar, FL 33029	■ Remove
			□ Change
			□ ∧dd
	·		Remove
			ATTACAME PH
			FLET Remede
			Change
			□ Add
			□ Remove
			Change

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To: 8506175383

From: 3055309409

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mending any other	information, enter change(s) here	: (Attach additional sheet	is, if necessary.)
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reffective date is listed,	the date must be specific and cannot be prior	to date of filing or more than 94	U days after filing.) Pursuant to 005.02
te: If the date inserti	ed in this block does not meet the applic	able statutory tiling requires	ments, this date will not be fisted
Junient Senective da	te on the Department of State's records.		
	a dalayed offertive date but no	t an official sa time at	12:01 a.m. on the earlier
	a delayed effective date, but no	t an enective time, at	12,01 a.m. on the earner
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00 (((H18000244422 3)))

Antonio P. Salvioli, Manager