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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO:	Reg
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Registration Section
Division of Corporations

SUBJECT:

VERLLA 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:

VERONICA PINCHAO

Name of Person

VERLLA LLC

Firm/Company

5969 GLASGOW WAY

Address

TAMARAC, FLORIDA 33321

City/State and Zip Code

veralex24@hotmail.com

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

For further information concerning this matter, please call:

VERONICA PINCHAO

,,,954<u>,</u>226-7956

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERLLA LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Company were filed on MAY 7, 2013 Florida document number L13000067048	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
N/A	
The new name must be distinguishable and end with the words "Limited Liability Company," the designa "L.L.C."	ntion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SS 75
B. If amending the registered agent and/or registered office address on our records, e	Lung S. W. Commission
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stre	et address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Ana Eloisa Barrionuevo Robalino	5969 GLASGOW WAY	_ Add
		TAMARAC, FLORIDA 3332	
			_
		D. Grander	Remove
		LA TARY	
		E. FLOOR	Add P Remove
		, es.	Add
			Remove
			Add
			Remove
			- Add
			Remove

	A	cessary.)	
			_
Dated July	<u>, 1, 2013 </u>		
	Signature of a member or authorized representative of a member		
	VERONICA PINCHAO		
	Typed or printed name of signee	E E	
	Page 3 of 3	AE	=
	Filing Fee: \$25.00	TARY OF SIV	15 PH
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