

114000035559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

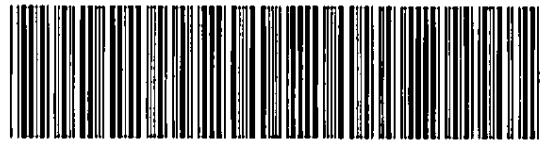
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/18--01020--025 **30.05** -

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18 SEP 21 AM 11:15
FALLS CHURCH, VA
CLERK OF SUPERIOR COURT

G SIMMONS
SEP 20 2018

A77 N

MS SIMMONS

for Veronica Surfaces

Thank you!

RECEIVED

2018 SEP 21 AM 9:47

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: VERONA SURFACES 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:

Douglas Combs

Name of Person

AWTSUNETO CONSULTORIA, LLC

Firm/Company

7439 Excitement Drive

Address

Kissimmee, Florida 34747

City/State and Zip Code

douglas.combs@gmail.com

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

For further information concerning this matter, please call:

Ivone Namikawa

321

209-1532

at ()

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

Sh AD

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERONA SURFACES 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 03/03/2014 and assigned
Florida document number L14000035559.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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:

Douglas Combs

New Registered Office Address:

7439 Excitement Drive
Enter Florida street address
Kissimmee, Florida 34747
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.

May 11, 2018
If Changing Registered Agent, Signature of New Registered Agent

DM AD

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 ALCAINA	429 N ORANGE BLOSSOM TRA	<input type="checkbox"/> Add
		ORLANDO, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Douglas Combs	429 N ORANGE BLOSSOM TRA	<input type="checkbox"/> Add
		ORLANDO, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Walter Tsuneto	429 N ORANGE BLOSSOM TRA	<input type="checkbox"/> Add
		ORLANDO, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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☐ Add

☐ Remove

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

Totally remove Antonio Alcaraz from All Authority of VermaSupplies According to Agreement Signed by him on 13 April, 2018 to include lease, bank accounts, titles, etc. All previous obligations, debts, remain the sole responsibility of Alcaraz.

FILED
18 SEP 21 AM 11 15
CLERK OF COURT
CLERK OF COURT

47

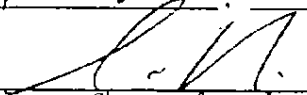
E. Effective date, if other than the date of filing: May 11, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 11, 2018



Signature of a member or authorized representative of a member

Douglas Combs

Typed or printed name of signer

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