

L14000047022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

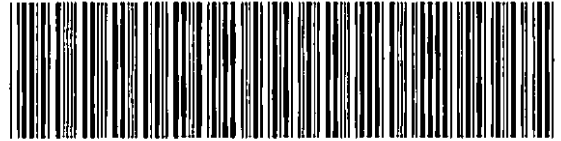
(Document Number)

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FILED
2023 MAY 30 PM 3:35
SEC. OF STATE
TOLSON, D.C.

Y. SCOTT

JUL 23 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VTO Solutions, 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:

Tara Marchisello-Velez

Name of Person

VTO Solutions, LLC

Firm/Company

1783 SE Washington St. N.

Address

Stuart, FL 34997

City/State and Zip Code

tarasellsre13@gmail.com

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

For further information concerning this matter, please call:

Tara Marchisello-Velez

at (772) 215-2531

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2023 MAY 30 PM 3:36
CLERK OF STATE
TALLAHASSEE, FL

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

VTO Solutions, 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 03/21/2014 and assigned
Florida document number L14000047022.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tara Marchisello-Velez, LLC

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)

1783 SE Washington St. N.

Stuart, FL 34997

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

430 Blackwood Ln.

Suwanee, GA 30024

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:

Tara Marchisello-Velez

New Registered Office Address:

1783 SE Washington St. N.

Enter Florida street address

Stuart

City

Florida 34997

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

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2023 MAY 30 PM 3:36
STATE
TOLSON

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

Owner and registered agent's name changed through marriage on 2/11/23

Name changed from Tara Marchisello to Tara Marchisello-Velez.

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2023 MAY 30 PM 3:36
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

E. Effective date, if other than the date of filing: _____ **(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 24, 2023

Tara Marchisello-Velez
Signature of a member or authorized representative of a member

Tara Marchisello-Velez

Typed or printed name of signee

Filing Fee: \$25.00