

L14000132375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

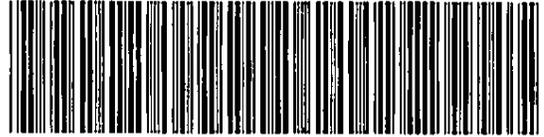
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

2019 APR - 1 PM 2:19

APPROVED
AND
FILED

T.G.
04/09/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KYRIOS ELECTRONICS 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:

GUSTAVO FIRINU
Name of Person
V&G ETHICAL SOLUTIONS CORP
Firm/Company
13523 SW 59TH TER
Address
MIAMI, FL 33183
City/State and Zip Code
VGETHICAL.SOLUTIONS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

GUSTAVO FIRINU 786 703-4987
Name of Person at () 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

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>
MGR	VALE VALENS LLC	16192 COASTAL HIGHWAY LEWES, DE 19958	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	JESUS ALBERTO GIL	7732 NW 114th PL. MEDLEY, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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 2019 APR 18 - 10 2: 29 AM
 SECRETARY OF STATE
 101 N. FLORISSANT ST.
 TALLAHASSEE, FL 32301

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

Multiple horizontal lines for entering information.

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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 MARCH 27th 2019

Signature of a member or authorized representative of a member

CHRISTIAN DE CESARE, MEMBER Typed or printed name of signer