

L14000174 195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

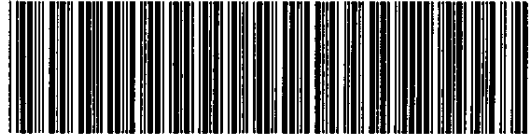
(Document Number)

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2016 SEP 19 PM 3:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

K. SALY

SEP 22 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2016

VAYAVELO, LLC
LAURA ERICKSEN
2425 CORAL WAY, STE. 403
MIAMI, FL 33145

SUBJECT: VAYAVELO, LLC
Ref. Number: L14000174795

2016 SEP 19 PM 4:29
TALLAHASSEE, FLORIDA

We have received your document for VAYAVELO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 616A00018218

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAYAVELO, 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:

LAURA ERICKSEN

Name of Person

LAURA ERICKSEN, LLC

Firm/Company

2425 CORAL WAY, SUITE 403

Address

MIAMI, FL 33145

City/State and Zip Code

lauraclizabethericksen@gmail.com

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

For further information concerning this matter, please call:

Laura Ericksen

305

331-7479

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

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2016 SEP 19 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
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☐ Add

☐ Remove

☐ Change

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

FILED
2016 SEP 19 PM 3:44
CLERK OF DISTRICT COURT
TALLAHASSEE, 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

9/15/16

Laura Erickson
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee