

L1400019774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

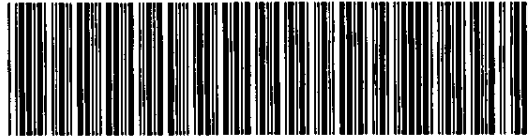
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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B. BOSTICK

JAN - 7 2015

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vaventuram International 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:

Cesar Sotolongo

Name of Person

Vaventuram International LLC

Firm/Company

1570 Cleveland Rd

Address

Miami Beach, FL, 33141-1717

City/State and Zip Code

Cesar.Sotolongo@vaventuram.com

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

For further information concerning this matter, please call:

Cesar Sotolongo

Name of Person

786

Area Code

2364772

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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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Vaventuram International LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Cesar Sotolongo	1570 Cleveland Rd	<input checked="" type="checkbox"/> Add
		Miami Beach, FL, 33141-1717	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE FL 32304

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

Authorized Person Detail: Cesar A. Sotolongo

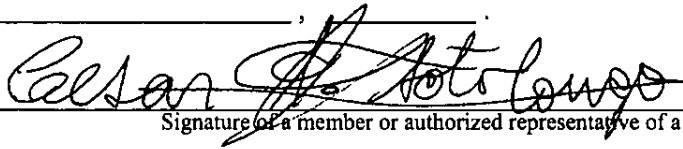
1570 Cleveland Rd.

Miami Beach, FL, 33141-1717

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Cesar A. Sotolongo

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FL 32304

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