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SEGRETARY OF STATE
TALLAHASSEE, FI CONTO

B. BOSTICKJAN - 7 2015

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			8	
تۇ Vaventur	ram International LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Cesar Sotolongo			
		Name of Person	····	
	Vaventuram Internat	tional LLC		
		Firm/Company		
	1570 Cleveland Rd			
		Address		
	Miami Beach, FL, 33	3141-1717		
		City/State and Zip Code	and "Ma	
	Cesar.Sotolongo@va		2014 1108 1108	
		to be used for future annual report notific	2014 DEC SEGRETA ALLAHAS	J
For further information co	oncerning this matter, please ca	all:	87. 87. 87. 87.	J
Cesar Sotolongo		786 2364772	T P T	
Name of	Person	Area Code Daytime 7	Celephone Number	O
Enclosed is a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vaventuram International LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our ited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	eany were filed on 11/20/20	14	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	liability company here:		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation	on "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDRESS</u>	2)		<b>.</b>
			***************************************
		Edit H	
Inter new mailing address, if applicable:		252 252 252 253 253 253 253 253 253 253	
Mailing address MAY BE A POST OFFICE BOX)		J Pr	
rading datatess MAT DL AT OST OFFICE BOX		Z Z	<del>( -}</del>
		5m 4	
3. If amending the registered agent and/or registered	d office address on our re	, •	
egistered agent and/or the new registered office address		corus, <u>circi ti</u>	ic name of the i
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
·		_, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
AMBR	Cesar Sotolongo`	1570 Cleveland Rd	Add
		Miami Beach, FL, 33141-1717	Remove
			 □ Add
			□ Remove
		_	Add
			☐ Remove
	•		Add T
		en e	Remove
		20 20 20 20 20 20 20 20 20 20 20 20 20 2	25:32 D:32
	<del>- 12 - 1</del> - 1		□ Add
		<del></del>	□ Remove

	Authorized Person Detail: Cesar A. Sotolongo
•	1570 Cleveland Rd.
-	Miami Beach, FL, 33141-1717
-	
	tive date, if other than the date of filing:
Dated	Celson Hotoloupo
	Signature of a member or authorized representative of a member  Cesar A. Sotolongo
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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