

Division of Corporations

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : VDT CORPORATE SERVICES  
Account Number : I20180000047  
Phone : (305) 879-1516  
Fax Number : (786) 542-5995

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**VDT CORPORATE SERVICES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: VDT CORPORATE SERVICES 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:

JOAO PEDRO VOLZ

Name of Person

VDT CORPORATE SERVICES

Firm/Company

150 SE 2ND AVE SUITE 905

Address

MIAMI, FL 33131

City/State and Zip Code

INCORPORATION@SAINTJOSEPHGROUP.COM

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

For further information concerning this matter, please call:

JOAO PEDRO VOLZ

305 503-9867  
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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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VDT CORPORATE SERVICES 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 02/05/2015 and assigned  
Florida document number L15000022843.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

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

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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          | Nicolas Gabriel Maciel | 150 SE 2ND AVE SUITE 905 | <input checked="" type="checkbox"/> Add |
|              |                        | MIAMI, FL 33131          | <input type="checkbox"/> Remove         |
|              |                        |                          | <input type="checkbox"/> Change         |
|              |                        |                          | <input type="checkbox"/> Add            |
|              |                        |                          | <input type="checkbox"/> Remove         |
|              |                        |                          | <input type="checkbox"/> Change         |
|              |                        |                          | <input type="checkbox"/> Add            |
|              |                        |                          | <input type="checkbox"/> Remove         |
|              |                        |                          | <input type="checkbox"/> Change         |
|              |                        |                          | <input type="checkbox"/> Add            |
|              |                        |                          | <input type="checkbox"/> Remove         |
|              |                        |                          | <input type="checkbox"/> Change         |
|              |                        |                          | <input type="checkbox"/> Add            |
|              |                        |                          | <input type="checkbox"/> Remove         |
|              |                        |                          | <input type="checkbox"/> Change         |
|              |                        |                          | <input type="checkbox"/> Add            |
|              |                        |                          | <input type="checkbox"/> Remove         |
|              |                        |                          | <input type="checkbox"/> Change         |

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

[illegible]

**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 December 20, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signer

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