## L160000 28611

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| Special instructions to Fining Offices. |
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Office Use Only



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5/1/14/21

## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

TO:

| SERVICO                        | ONSTRU VLF C.A., LLC                         |   |  |
|--------------------------------|--|---|--|
| SUBJECT:                       | Name of Lim                                  | ited Liability Company  |  |
| The enclosed Articles of       | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo     | ondence concerning this matter               | to the following:   |  |
|                                | CARLOS GARCIA, ESQ.                          |   |  |
|                                |  | Name of Person  | <del></del>  |
|                                | LAW OFFICE OF CARLO                          | OS GARCIA, PA   |  |
|                                |  | Firm/Company  |  |
|                                | 66 W FLAGER STREET,                          | suite 1207  |  |
|                                | <del></del>                                  | Address   |  |
|                                | MIAMI, FL 33130                              |   |  |
|                                | <del></del>                                  | City/State and Zip Code   | <del></del>  |
|                                | meigroup509@bellsouth.ne                     |   |  |
|                                | E-mail address: (                            | to be used for future annual report notif                           | fication)  |
| For further information c      | oncerning this matter, please ca             | all:  |  |
| Carlos Garcia, Esq.            |  | 305 371-3777<br>at ()   |  |
| Name o                         | f Person                                     | Area Code Daytime   | e Telephone Number   |
| Enclosed is a check for the    | ne 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 S | Section                                      | Street Address: Registration Sec                                    |  |
| Division of C                  | orporations                                  | Division of Cor   | porations  |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SERVICONSTRU VLF C.A., LLC  |   |
|---|---|
| ( <u>Name of the Limited Liability Comp</u><br>(A Florida Limited   | pany as it now appears on our records.) I Liability Company)        |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000028611</u> .     | y were filed on 02/10/2016 and assigned                             |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited lia  | bility company here:  |
| The new name must be distinguishable and contain the words "Limited Liab  | nility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRESS)   | · ·   |
|   |   |
|   |   |
| Enter new mailing address, if applicable:   |   |
| Mailing address MAY BE A POST OFFICE BOX)   |   |
|   |   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new register</u>   |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  |   |
|   | Enter Florida street address  |
|   | . Florida   |

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>             | Address             | Type of Action |
|--------------|-------------------------|---------------------|----------------|
| MGR          | EDUARDO GONZALEZ HERNA  | 11201 NW 7TH STREET | □ Add          |
|              |                         | APT A-204           | ■Remove        |
|              |                         | MIAMI, FL 33172     |                |
| MGR          | VICENTE GONZALEZ HERNAN | 11201 NW 7TH STREET |                |
|              | <del> </del>            | APT A-204           |                |
|              |                         | MIAMI, FL 33172     |                |
|              |                         |                     | □Add           |
|              |                         |                     | Remove         |
|              |                         |                     | Change         |
|              |                         |                     |                |
|              |                         |                     | □Remove        |
|              |                         |                     | □Change        |
|              |                         |                     | □Add           |
|              |                         |                     | □Remove        |
| <del></del>  |                         | <del></del>         | □ Change       |
|              |                         |                     | □Add           |
|              |                         |                     | □Remove        |
|              |                         |                     |                |

| Effective date, if other than the date of filing:  (a) (optional)  (a) (optional)  (a) (a) (a) (a) (a) (a) (b) (a) (b) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   |   | <del></del> -   |   |  |   | <del>.</del>                                   |
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| JUNE 10 2021  | an effective date is lote: If the date is | listed, the date must be specific<br>ascreed in this block does a | e and cannot be prior<br>not meet the applica | to date of filing or more<br>able statutory filing i | than 90 days after filing.) Fequirements, this date w | ursuant to 605,0207 (, ill not be listed as th |
| ated JUNE 10 2021   |   | delayed effective date, but                                       | not an effective til                          | me, at 12:01 a.m. on                                 | the earlier of: (b) The                               | 90th day after the                             |
| acu   | atod                                      | JUNE 10   | 2021  |  |   |  |
|   |   |   | - Cox   |  |   |  |
| Signature of a member or authorized representative of a member  |   |   |   |  |   |  |

E. ... ...

Typed or printed name of signee