

Nov 19 2016 11:55a
11/19/2016

V & A Business Solutions

(754)205-5680

p.1

Division of Corporations

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)637-6383

From: Account Name : V & A BUSINESS SOLUTION INC
Account Number : I20160000021
Phone : (954)865-6607
Fax Number : (754)205-5680

****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
FONTES ABREU, LLC**

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FONTES ABREU 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:

LUIS F ABREU-FONTES

Name of Person

MGR

Firm/Company

4787 NW 9TH AVE

Address

POMERANO BEACH FL 33064

City/State and Zip Code

v.a.businesssolutions@gmail.com

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

For further information concerning this matter, please call:

LUIS F ABREU-FONTES

954 708-4370

Name of Person

at (_____) _____
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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TALLAHASSEE, FLORIDA

FONTES ABREU 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 05/24/2016 and assigned Florida document number L16000100800.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

4787 NW 9TH AVE

(Principal office address MUST BE A STREET ADDRESS)

POMPANO BEACH FL 33064

Enter new mailing address, if applicable:

4787 NW 9TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

POMPANO BEACH FL 33064

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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 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	JULIO CESAR FONTES LIMA	868 NW 42ND PLACE	<input type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS F ABREU-FONTES	868 NW 42ND PLACE	<input type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIO CESAR FONTES 99%	4787 NW 9TH AVE	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS F ABREU-FONTES 1%	4787 NW 9TH AVE	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL 33064	<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.)

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E. Effective date, if other than the date of filing: 11/17/2016 (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 NOVEMBER 17 2016

Signature of a member or authorized representative of a member

LUIS F ABREU-FONTES

Typed or printed name of signee