

L16 000 102429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

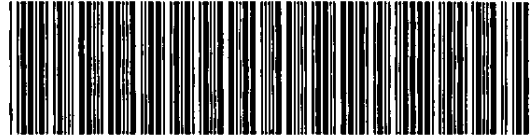
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/16--01018--009 **\$2.50

08/23/16--01015--012 **7.50

2016 AUG 22 P 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2016

SIANNA J. ECHEVERRIA
NV2A GROUP, LLC
9100 S. DADELAND BLVD., SUITE 600
MIAMI, FL 33156

SUBJECT: NV2A GROUP, LLC
Ref. Number: L16000102429

We have received your document for NV2A GROUP, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 316A00016525

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NV2A Group.
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:

Sianna J. Echverria
Name of Person
NV2A Group, LLC
Firm/Company
9100 S. Dadeland Blvd ste 600
Address
Miami, FL 33156
City/State and Zip Code
secheverria@nv2agroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sianna Echverria at (386) 233-5060.
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

\$ 7 50

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

NV2A Group.

(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 _____ and assigned
Florida document number L16000102429.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9100 S. Dadeland Blvd
Suite 600
Miami, FL 33156

Enter new mailing address, if applicable:

(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: _____

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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TREASURY
FLORIDA

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>
<u>P CEO</u>	<u>Gilberto Neves</u>	<u>9100 S. Dadeland Blvd</u>	<input type="checkbox"/> Add
		<u>Suite 600,</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Change
<u>COO</u>	<u>Jesus Varquez</u>	<u>9100 S. Dadeland Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 600, Miami FL</u>	<input type="checkbox"/> Remove
		<u>33156</u>	<input type="checkbox"/> Change
<u>CFU/Sec</u>	<u>Agustin R. Arellano Jr</u>	<u>9100 S. Dadeland Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 60</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 33156</u>	<input type="checkbox"/> Change
<u>C</u>	<u>Agustin R. Arellano Sr</u>	<u>9100 S. Dadeland Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 600</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 33156</u>	<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 11/11/2019, _____

Signature of a member or authorized representative of a member

Augustin R. Arellano JR.

Typed or printed name of signee

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SECRETARY OF STATE
TAMM HALL
TALLAHASSEE, FLORIDA