

L16000168078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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TALLAHASSEE, FLORIDA

2017 AUG -9 PM 4:32

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K. SALY

AUG 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VINALI, 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:

RUTH VELEZ

Name of Person

VINALI, LLC

Firm/Company

2860 DELANEY AVE #568513

Address

ORLANDO FL 32806

City/State and Zip Code

RVELEZ@VINALISTAFFING.COM

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

For further information concerning this matter, please call:

RUTH VELEZ

305 338-1525
at ()
Area Code Daytime Telephone Number

Name of Person

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA;
(S)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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 | RUTH VELEZ | 2860 DELANEY AVE #568513 | <input checked="" type="checkbox"/> Add |
| | | ORLANDO FL 32806 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR or AMBR | Claudia Rivera | 5510 SW 116th Ave. | <input type="checkbox"/> Add |
| | | Southwest Ranches, FL 33331 | <input checked="" 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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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 8/4/17 (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 Aug. 4, 2017

Keith Velazquez
Signature

Signature of a member or authorized representative of a member

RUTH VELEZ

Typed or printed name of signee