

L17000031366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

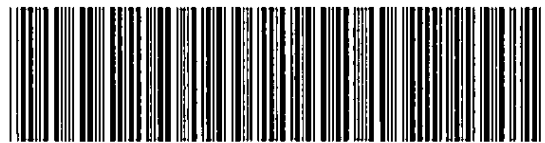
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/31/20--01016--026 **60.00

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Name Change

FEB 27 2020

D CUSHING

January 24th, 2020

Re: changing the name of the limited liability company

Please find attached form to amend the Articles of Organization of a Florida Limited Liability Company.

Check is enclosed.

Contact information:

Daytime telephone: (786) 810-7634

Address: 445 Grand Bay Drive, Apt 609, Key Biscayne, FL 33149

Email: varboleda@theevrgroup.com

Viviana Arboleda Staton

Viviana Arboleda Staton

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAS FAMILY GROUP 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:

Viviana Arboleda Staton

Name of Person

VAS FAMILY GROUP LLC

Firm/Company

445 GRAND BAY DRIVE APT 609

Address

KEY BISCAYNE, FL 33149

City/State and Zip Code

varboleda@theevrgroup.com

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

For further information concerning this matter, please call:

Viviana Arboleda Staton

786

810-7634

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2015.03.14 9:57

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

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) (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)

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.

Viviana Arboleda Staton
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00