

L17000031366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

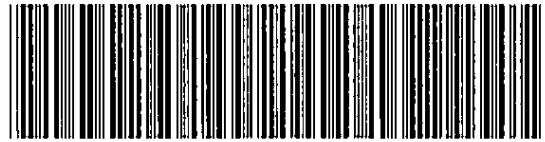
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

10/25/2019 11:18:00 AM
10/25/2019 11:18:00 AM

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

20 256 31 34 9: 57

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

VAS FAMILY GROUP 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 February 08, 2017 and assigned Florida document number L17000031366.

This amendment is submitted to amend the following:

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

VIVIANA ARBOLEDA STATON LLC

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)

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Lined area for amending information.

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 January 24th, 2020

Viviana Arboleda Staton

Signature of a member or authorized representative of a member

Viviana Arboleda Staton

Typed or printed name of signee