

217000114671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

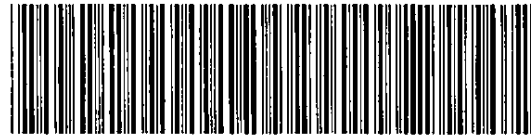
(Document Number)

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17 JUN 19 PM 3:10
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

S. WARREN

JUN 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2017

ROSANA LOPES DE CARVALHO
1100 SOUTH MIAMI AVENUE, APT. 1404
MIAMI, FL 33130

SUBJECT: V.I.P 4 PRO LLC
Ref. Number: L17000114671

We have received your document for V.I.P 4 PRO LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 717A00011250

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: V.I.P 4 PRO, 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:

ROSANA LOPES DE CARVALHO

Name of Person

V.I.P 4 PRO, LLC.

Firm/Company

1100 SOUTH MIAMI AVENUE, APT 1404

Address

MIAMI, FLORIDA, 33130

City/State and Zip Code

vip4prousa@gmail.com

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

For further information concerning this matter, please call:

POLLYANNA DA COSTA

305 927-5079
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

V.I.P 4 PRO, 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 5/24/2017 and assigned
Florida document number L17000114671.

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)

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: ROSANA LOPES DE CARVALHO

New Registered Office Address: 1100 SOUTH MIAMI AVENUE

Enter Florida street address

MIAMI, Florida 33130

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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COURT
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>
AMBR	POLLYANNA DA COSTA	1100 SOUTH MIAMI AVE, APT <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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JUL 19 2017
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MIAMI, FLORIDA

[illegible]

(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.

Rouvallec
Signature of a member or authorized representative of a member

Typed or printed name of signee

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17 JUN 19 PM 3: 10
U.S. DISTRICT COURT
MILWAUKEE, WISCONSIN