

L17000115211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

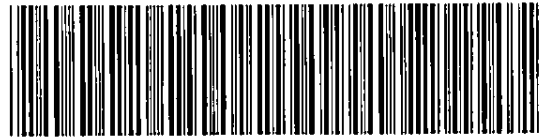
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 NOV -6 PM 1:35
J. HARRIS

NOV 07 2017
J. HARRIS

2017 NOV -6 PM 6:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vasca 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:

Yenny A Caviedes

Name of Person

Vasca Group LLC

Firm/Company

575 NE 5th Ter Apt #255

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

andre.caviedes.AC@gmail.com

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

For further information concerning this matter, please call:

Yenny A Caviedes

954 888-8268

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

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>
MGRM	John N Caviades	575 NE 5th Ter Apt #255	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Diana J Caviades	575 NE 5th Ter Apt #255	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

(b) The 90th day after the record is filed.

Dated October 26, 2017

cc

Signature of a member or authorized representative of a member

Yenny A Caviedes

Typed or printed name of signee

2017 MAY -6 PM 1:55