Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : V & A BUSINESS SOLUTION INC

Account Number : 120160000021 : (954)865-6607 Phone : (754)205~5680 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELLGOMEZ INVESTMENT LLC

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Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

| TO:           |             | ration Sect<br>n of Corp       |  | <u>.</u>  |  |
|---------------|-------------|--------------------------------|--|---|--|
|               |             |                                | LLGOME2 INVESTMENT   | LLC   |  |
| SUBJ          | ECT:        |                                | Name of Lim  | ited Liability Company  |  |
|               | -1-3-d 4-   |                                | manufacture and factor one mix                                       | notice of four essence  |  |
|               |             |                                | mendment and fcc(s) are sub-<br>dence concerning this matter         |   |  |
|               |             |                                | LUIS A   | RMANDO BELLO GOMEZ  |  |
|               |             |                                |  | Name of Person  | <del></del>  |
|               |             |                                |  | MGR   |  |
|               |             |                                |  | Firm/Company  |  |
|               |             |                                |  | 9064 NW 55TH CT   |  |
|               |             |                                |  | Address   |  |
|               |             |                                |  | SUNRISE FL 33351 )  |  |
|               |             |                                |  | City/State and Zip Code   | <del></del>  |
|               |             |                                |  | a.businessolutions@gmail.com  |  |
|               |             |                                | E-mail address: (1   | to be used for future annual report noti  | fication)  |
| For fur       | ther infor  | mation con                     | cerning this matter, please ca                                       | ill:  |  |
|               | LUIS A      | OCKAMS                         | BELLO GOMEZ  | 954 865-6607  |  |
|               | _           | Name of F                      | cison  | at () Area Code Daytim  | e Telephone Number   |
| Enclos        | ed is a che | ck for the                     | following amount:  |   |  |
| <b>a</b> \$2: | 5.00 Filin  | g Fec                          | ☐ \$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) |
|               |             | Registration Division P.O. Box | G ADDRESS:<br>ion Section<br>of Corporations<br>6327<br>ee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corpor<br>Clifton Building<br>2661 Executive Ce<br>Tallahassec, FL 32 | n<br>ations<br>nter Circle   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| E  | ELLGOMEZ INVESTMENT LLC  |                          |   |
|--|--|--------------------------|---|
| (Name of the Linu  | ted Liability Company as it now appea<br>(A Florida Limited Liability Company) | rs on our records.)      | <del></del>   |
| The Articles of Organization for this Limited L. Florida document numberL17000125371   | iability Company were filed on   | 06/08/2017               | and assigned  |
| This amendment is submitted to amend the following   | owing:   |                          |   |
| A. If amending name, enter the new name of   | f the limited liability company h  | ere:                     |   |
| The new name must be distinguishable and contain the se<br>Enter new principal offices address, if applie<br>(Principal office address MUST BE A STREE | able:  | designation "LLC" or the | abbicviation "L.L.C."   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and                             | or registered office address or  | n our records, ent       | 7 JUL 3 I AN III STATE OF THE NAME OF THE |
| Name of New Registered Agent:  | tice address bere:<br>Luis armando bello gom                                   | ŒZ                       |   |
| New Registered Office Address:   | 9064 NW 55TH CT Enter Flo.   | rida sweet address       |   |
|  | SUNRISE  | , Florida .              | 33351   |
|  | City   | , 1 0, 100               | 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>             | Address          | Type of Action  |
|--------------|-------------------------|------------------|---|
| MGR          | MARTHA MARTINEZ         | 9064 NW 55TH CT  | Add   |
|              |                         | SUNRISE FL 33351 | ≅ Remove  |
|              |                         |                  | ☐ Change  |
| AMBR         | LUIS ARMANDO BELLO GOME | 9064 NW 55TH CT  |   |
|              |                         | SUNRISE FL 33351 | ≅ Remove  |
|              |                         |                  | □ Change  |
| MGR          | LUIS ARMANDO BELLO GOME | 9064 NW 55TH CT  | <b>=</b> Add  |
|              |                         | SUNRISE FL 33351 | ☐ Remove  |
|              |                         |                  | Change  |
| AMBR         | SERGIO A. BELLO DURANGO | 9064 NW 55TH CT  |   |
|              |                         | SUNRISE FL 33351 | Remove  |
|              |                         |                  | Change  |
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| Effective date, if other than the dat   | 07/29<br>te of filing:          | 9/2017  | (optio                   | nal)                           |                                |
|   | specific and cannot be pr       | ior to date of filing or m<br>licable statutory filin | ore than 90 days after : | filing.) Porso<br>date will no | ant to 605.02<br>of be listed: |
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