

L17000140993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

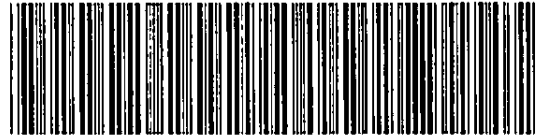
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700304083907

10/05/17--01001--020 **55.00

FILED

17 OCT 17 PM 2:30

DIVISION OF REVENUE

O. SIMMONS

OCT 10 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2017

OMAR SOSA
3361 ROUSE RD, STE 100
ORLANDO, FL 32817

SUBJECT: VIAPERNA, LLC
Ref. Number: L17000140993

We have received your document for VIAPERNA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list title(mgr,ambr,pres)etc. for member listed on page 2 of application

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 117A00020266

2017 OCT 17 PM 1:53

INTEGRATED RECORDS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIAPERNA 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:

Omar Sosa

Name of Person

Viaperna LLC

Firm/Company

3361 Rouse Rd Suite 100

Address

Orlando, Florida 32817

City/State and Zip Code

vendors@viaperna.com

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

For further information concerning this matter, please call:

Omar Sosa

407

963-2443

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**

VIAPERNA 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 06/29/2017 and assigned
Florida document number L17000140993.

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)

3361 Rouse Road Suite 100

Orlando, Florida 32817

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3361 Rouse Road Suite 100

Orlando, Florida 32817

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>
Ambr	Harvey D Valle	3361 ROUSE RD., SUITE 175	<input type="checkbox"/> Add
		ORLANDO, FL 32817	<input checked="" type="checkbox"/> Remove
		1438 W. YALE ST.	<input type="checkbox"/> Change
Ambr	Gloria M Torres	ORLANDO, FL 32804	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
DIVISION 17
OCT 17
AM 2:40


17 OCT 17 PM 2:30
SECTION 1

17 OCT 17 PM 2:30

ש
ח
ח
ח

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.

Dated October 3rd 2017


Signature of a member or authorized representative of a member

Omar Sosa

Typed or printed name of signee