

117000175172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

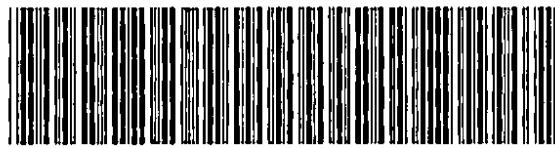
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200337422202

12/02/13-07020--016-44500

FILED  
FIFTH DISTRICT COURT  
JAN 09 2013  
C McNAIR

19 DEC - 2 AM 9:51

JAN 09 2013  
C McNAIR

# COVER LETTER

TO: Registration Section  
Division of Corporations

RE: Nardi & Antunes LLC

SUBJECT: \_\_\_\_\_ 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:

Luiz Antunes

\_\_\_\_\_  
Name of Person

Nardi & Antunes LLC

\_\_\_\_\_  
Firm/Company

3173 Tocoa Cir

\_\_\_\_\_  
Address

Kissimmee / FL / 34746

\_\_\_\_\_  
City/State and Zip Code

luizantunes@gmail.com

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

For further information concerning this matter, please call:

Antunes \_\_\_\_\_ 321 440-4745  
\_\_\_\_\_  
Name of Person at (\_\_\_\_\_  
Area Code) Daytime Telephone Number

I enclose a check for the following amount:

\$5.00 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

19 DEC-2 449:51  
DIVISION OF CORPORATIONS  
FLORIDA SECRETARY OF STATE

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

19 DEC 2017  
FLORIDA  
STATE  
AGENCY  
REGISTRATION  
AND  
RECORDS  
DIVISION  
AM 9:51

Nardi & Antunes LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 08/16/2017 and assigned Florida document number L17000175172.

This amendment is submitted to amend the following:

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

are VIP LLC

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**or new principal offices address, if applicable:**

Principal office address MUST BE A STREET ADDRESS

\_\_\_\_\_

\_\_\_\_\_

**or new mailing address, if applicable:**

Mailing address MAY BE A POST OFFICE BOX

\_\_\_\_\_

\_\_\_\_\_

**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*

**If 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

1BR = Authorized Member

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

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
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.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
The 90th day after the record is filed.

ted November 25 2019

Signature of a member or authorized representative of a member

Luiz Antunes

Typed or printed name of signee