

L17000186468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

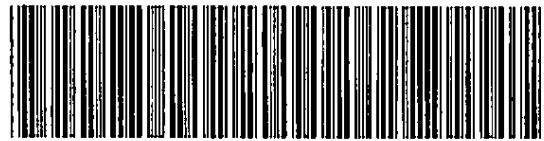
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
JUDICIAL FLORIDA

SEP 21 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Venetronias USA 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:

Solo Bango  
Name of Person  
Venetronias USA LLC  
Firm/Company  
4700 W Prospect Rd. # 103  
Address  
Fort Lauderdale FL 33309  
City/State and Zip Code  
manager@halsecavision.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Solo Bango at (561) 921 7434  
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

Venetronics USA LLC

Page 1 of 3

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>                      |
|--------------|--------------------------|---------------------------------|--------------------------------------------|
| <u>MGR</u>   | <u>Mariorlan Acosta</u>  | <u>4700 W Prospect Rd.</u>      | <input type="checkbox"/> Add               |
|              |                          | <u>Suite # 103.</u>             | <input checked="" type="checkbox"/> Remove |
|              |                          | <u>Fort Lauderdale FL 33309</u> | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>Arquimedes Ydrogo</u> | <u>4700 W Prospect Rd.</u>      | <input checked="" type="checkbox"/> Add    |
|              |                          | <u>Suite # 103.</u>             | <input type="checkbox"/> Remove            |
|              |                          | <u>Fort Lauderdale FL 33309</u> | <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            |
|              |                          |                                 | <input type="checkbox"/> Add               |
|              |                          |                                 | <input type="checkbox"/> Remove            |
|              |                          |                                 | <input type="checkbox"/> Change            |

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ST. LOUIS, MO

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

Handwritten signature across the lines.

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RECEIVED

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.

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.

Dated 9/19 2017.

  
Signature of a member or authorized representative of a member

Mariorlan Acosta  
Typed or printed name of signer