Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004186593)))



H200004186593ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

B	
	•
	4
Division of Corporations	
Fax Number : (850) 617-6383	
tux	
CPC	
ACCOUNT NAME : VDT CORPORATE SERVICES	
	-
. (305)8/0~1310	. •
FILORIO LAGGE EGGE	
Fax Number	
the email address for this business entity to be used wal report mailings. Enter only one email address pl	d for futur ease.**
il Address:	
	Division of Corporations  Fax Number : (850)617-6383  Account Name : VDT CORPORATE SERVICES  Account Number : I20180000047  Phone : (305)878-1516  Fax Number : (786)542-5995  the email address for this business entity to be used the control of th

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

Certificate of Status	0
	0
Certified Copy	01
Page Count Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



## **COVER LETTER**

TO:

Registration Section **Division of Corporations**  4 Laaco 418 6593

SUBJECT:

VHCV BR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

17863455904

Please return all correspondence concerning this matter to the following:

	JOAO PEDRO VOLZ		
		Name of Person	5-3
	VDT CORPORATE SERV	TICES LLC	2.23 G
		Firm/Company	350
	150 SE 2ND AVE SUITE	905	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	CCOUTO@SAINTJOSEPI	HGROUP.COM	
	E-mail address: (	to be used for future annual report notific	eation)
For further information c	concerning this matter, please co	ali:	
JOAO PEDRO VOLZ		305 503-9867	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U 20000 4186 593

VHCV BR LLC			
(Name of the Limited Lia) (A Flor	bility Compa rida Limited I	ny as it now appears on our reco liability Company)	rds.)
The Articles of Organization for this Limited Liability	y Com <b>pany</b>	were filed on 12/11/2017	and assigned
Florida document number L17000252610	<del></del> •		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liabi	lity company here:	
			. 3 . 5 . 5
he new name must be distinguishable and contain the words "L	Limited Liabili	ity Company," the designation "Ll.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		150 SE 2ND AVE SUITE 90	)6 <u> </u>
Principal office address MUST BE A STREET ADD	DRESS)	MIAMI, FL 33131	-1
			: =====================================
			ਦੇ ਦੇ
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		150 SE 2ND AVE SUITE 90	
		MIAMI, FL 33131	
. If amending the registered agent and/or register gent and/or the new registered office address here	<b>:</b>		r the name of the new regi
Name of New Registered Agent:	T CORPOR	ATE SERVICES LLC	
New Registered Office Address:	150 SE 2ND AVE SUITE 905		
		Enter Florida street addri	
MIA	AMI		lorida 33131
		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 Agenf, Signature of New Registered Agent

H200004186593

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

Title	<u>Name</u>	Address	Type of Action
MGR	Vitor Henrique Cruciol Vecchiatti	150 SE 2ND AVE SUITE 906	
		MIAMI, FL 33131	
			Скетюче
			Change
			□Add
			□ Remove
			□ Change
			□Add □
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
		·	□ Remove
			□Change

4400004186593

1 20000 418 6593

<del></del>		
	_	
		<u> </u>
		PI
· · · · · · · · · · · · · · · · · · ·		a contract of the contract of
ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De		(optional)  iling or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed as
	date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after the
ecord specifies a delayed effective is filed.		
is filed.	2020	
is filed.  DECEMBER 7TH	2020	
DECEMBER 7TH	2020	