

118000012825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

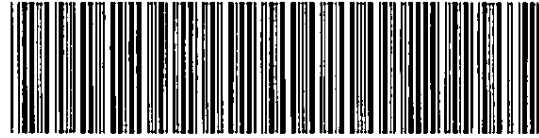
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/18--01036--018 **35.00

FILED
2018 JUN -8 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2018

FIGRELLA SALINAS
7955 NW 12ST STE 312
MIAMI, FL 33126

SUBJECT: VS STAFFING GROUP LLC
Ref. Number: L18000012825

We have received your document for VS STAFFING GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a llc. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 418A00007309

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VS Staffing Group LLC
DOCUMENT NUMBER: L180000012825

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fiorella Salinas
Name of Contact Person
JVV Investments Inc.
Firm/ Company
7955 NW 12 St. Suite 312
Address
Miami, FL 33126
City/ State and Zip Code
Josse15@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fiorella Salinas at (786) 260-4274
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee
☐ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VS Staffing Group, 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:

Fiorella Salinas
Name of Person
JUV Investments LLC
Firm/Company
7955 NW 12th St Suite 312
Address
Doral FL 33126
City/State and Zip Code
Josse15@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Fiorella Salinas at (786) 260-4274
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)

* Money was already sent to you and check was already cashed by you. thanks.

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**

VS Staffing Group 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 January 16, 2018 and assigned Florida document number 18000012825.

This amendment is submitted to amend the following:

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

Itvar Construction LLC

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)

7955 NW 12th St. Suite 312
Doral, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7955 NW 12th St. Suite 312
Doral, FL 33126

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:

N/A

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

FILED
2018 JUN -8 AM 3:10
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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>P</u> | <u>Josse Vargas-Valera</u> | <u>7955 NW 12 St.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Suite 312</u> | <input type="checkbox"/> Remove |
| | | <u>Doral, FL 33126</u> | <input type="checkbox"/> Change |
| <u>V</u> | <u>Fiorella Salinas</u> | <u>7955 NW 12 St.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Suite 312</u> | <input type="checkbox"/> Remove |
| | | <u>Doral, FL 33126</u> | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Real estate investment

2018 JUN -3 AM 9:10
ALLAHABAD, INDIA

FILE

E. Effective date, if other than the date of filing: 01/24/18 (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 04/23/18

Salina

 member or authorized representative of a mo

Signature of a member or authorized representative of a member

Florella Salinas
Typed or printed name of signee

Typed or printed name of signer