

3/29/2018

Division of Corporations

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

# L18000027458

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Division of Corporations  
Fax Number : (850)617-6383

From:

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

### VELSIS US LLC

Certificate of Status	0
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MAR 30 2018  
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VELSIS US 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:

EDINILSON J. KOVALESKI

Name of Person

Firm/Company

4830 W KENNEDY BLVD, SUITE 668

Address

TAMPA FL 33609

City/State and Zip Code

eddie.kovaleski@velsis.us

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

For further information concerning this matter, please call:

EDINILSON KOVALESKI

786

719-1201

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  
2561 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VELSIS US 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 01/30/2018 and assigned  
Florida document number L18000027458.

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)

4830 W KENNEDY BLVD

SUITE 668

TAMPA FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4830 W KENNEDY BLVD

SUITE 668

TAMPA FL 33609

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CLERK OF SUPERIOR COURT

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:

DDS TAMPA TAX SERVICE INC

New Registered Office Address:

4040 W WATERS AVE STE 102

*Enter Florida street address*

TAMPA

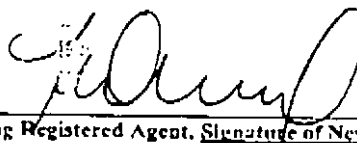
City

Florida 33614

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>
MGR	EDINILSON J. KOVALESKI	4830 W KENNEDY BLVD	<input checked="" type="checkbox"/> Add
		SUITE 668	<input type="checkbox"/> Remove
		TAMPA FL 33609	<input type="checkbox"/> Change
MGR	ROBERTO FERREIRA	AVENIDA ROMA 191	<input type="checkbox"/> Add
		SANTA CRUZ DO SUL, RS	<input checked="" type="checkbox"/> Remove
		9682400 BR	<input type="checkbox"/> Change
AP	HEITOR MIGUEL	444 BRICKELL AVE STE P15	<input type="checkbox"/> Add
		MIAMI FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (If an effective date is listed, the date must be the date of the filing of the application with the USPTO.)

(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.

(b) The 90th day after the record is filed.

Dated MARCH 29

2018

~~Signature of a member or authorized representative of a member~~

EDINILSON J. KOVALESKI

Typed or printed name of signee

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TALLAHASSEE, FLORIDA