48000046091

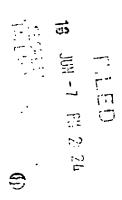
(Requ	estor's Name)
(Addre	ess)	
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(City/s	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	ame)
(Docu	ment Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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JUN 0 8 2018



May 21, 2018

PARRA HENRY 930 VAQUERO LN KISSIMMEE, FL 34741

SUBJECT: VENECHAPU CONSTRUCTION LLC

Ref. Number: L18000046091

We have received your document for VENECHAPU CONSTRUCTION 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 FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 118A00010536

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: VENECHAPU CO	ONSTRUCTION LLC	
	BER:		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	PARRA, HENRY		
		Name of Contact Perso	n
	VENECHAPU CONSTRUC	TION LLC	
		Firm/ Company	
	930 VAQUERO LN		
		Address	· <u> </u>
	KISSIMMEE FL 34741		
		City/ State and Zip Cod	e
Vex	ECHAPU@GMAIL.COM		
	·=	sed for future annual report	notification)
		ned to retire unital report	nomeanon,
For further informatio	n concerning this matter, pleas	se call:	
HENRY PARRA		at (4938915
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi P.O.	ling Address and ment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(<u>Name of the Lin</u>	nited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Florida document number L18000046091	Liability Company	were filed on 02/20/201	8 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liah	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abpreviation "L.L.C."
Enter new principal offices address, if appl	icable:	930 VAQUERO LN	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	KISSIMMEE FL 34741	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		930 VAQUERO LN KISSIMMEE FL 34741	22
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered of office address here PARRA HENR	<u>e</u> :	records, enter the name of the
New Registered Office Address:	930 VAQUERO LN		
The Mining Manual Control of the Manual Cont	· · · · · · · · · · · · · · · · · · ·	Enter Florida stree	t address
	KISSIMMEE		Florida <u>34741</u>
		City	Ziv Code

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 agrending 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>	Type of Action
AMBR	YUNES PAOLA	5287 IMAGES CIR APT 301	
		KISSIMMEE FL 34746	Remove
			Change
MGR PARRA HENRY	930 VAQUERO LN		
		KISSIMMEE FL 34741	Remove
			E Change
			A&d
		Remove	
			GChange
			:> □ R <u>è</u> move
			□ Change
		□ Remove	
		Change	
		Add	
			□ Remove
			□ Change

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		<i>C</i> ;
		
dt		
		<u>a</u>
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to block does not meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursuant to 605,0207 le statutory filing requirements, this date will not be listed as i
e record specifies a delaye The 90th day after the re	ed effective date, but not a scord is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated	2018	•
		red representative of a member
		

Page 3 of 3

Filing Fee: \$25.00