118000106658

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700316623427

EBWEENTE-HEIDIN - 01 - **2-.11

DIVISION OF CORPORATION

N COOPER AUG 1 3 2018

COVER LETTER

Division of C	Corporations		
V. Vare			
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Ma ria Pia Sajon		
		Name of Person	· · · · · · ·
	PG Management Group	LLC	
		Firm/Company	
	304 Indian Trace STE 5	07	
		Address	
	Weston , FI 3332¢		
		City/State and Zip Code	
	management967@gmail		
	E-mail address: (to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please c	all:	
Pia Sajon		954 588-3158 at ()	
Nan	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r 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:

TO:

Registration Section

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

V. Varela LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. I Liability Company)	.)
The Articles of Organization for this Limited Liability Compan	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility 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)		18 IV
		AUG
		- 9 CE
Enter new mailing address, if applicable:		~ 0.00
(Mailing address MAY BE A POST OFFICE BOX)		Service Servic
		3 t
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		——— 系
Name of New Registered Agent:		
New Registered Office Address:	e e e e e e e e e	
	Enter Florida street address	
	Tri a	• •
	City , F10	ridaZip 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 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>	Address	Type of Action
MGR	Maria M Poodts	304 Indian Trace Ste. 507	□ Add
		Weston FL 33326	■ Remove
			Change
MGR	Maria M. Cornejo Isasmendi	304 Indian Trace Ste. 507	= Add
		Weston FL 33326	□ Remove
			☐ Change
			☐ Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change

					<u> </u>	· · · · · · · · · · · · · · · · · · ·		_
								_
						****		_
								_
						-		_
		<u> </u>		=		••		
								_
								
							a	S S
							- AUG	lS CS
							1	_ <u>~</u> [
- 111							-P	300 500 500 500 500 500 500 500 500 500
		<u> </u>					- ತ	- P08/
		<u>.</u>					— <u>မ</u> ှ-	-15 -15 -15
							<u>+</u> -	- 養
			-		-			
								_
Effective date, if oth	or than the date	of filing:			,	(optional)		
f an effective date is liste Note: If the date inse document's effective	d, the date must be sp rted in this block do	ecitic and canno ses not meet th	it be prior to da ie applicable	te of filing or mo	re than 90 day	s after filing.) I	Pursuant to 6 ill not be li	605,0207 isted as
ne record specifie The 90th day af			but not ar	effective ti	me, at 12:	:01 a.m. o	n the ear	lier of
Dated		201	18					
Jaied		hut	Book					
	Siana	ture of against	r or authorize	1 representative	of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00