

418000186236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

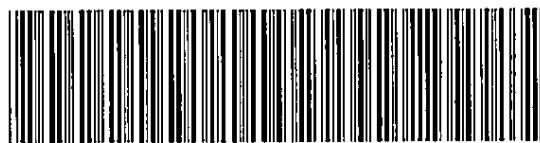
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2023 FEB 28 PM 2:39

ALLAHSEE

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VEGA'S ENGINEER LLC

Please Debit 120000000257 For: 25

Thank you Seth Neeley



Signature

Requested by: SETH

02/24/23

Name

Date

Time

Walk-In

Will Pick Up

174 Penders Printing - Tallahassee, FL 32301

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Am. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vega's Engineer 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:

\_\_\_\_\_  
Samuel S. Blum, Esq.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Attorney at Law

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
2666 Tigertail Ave., Suite 106

\_\_\_\_\_  
Address

\_\_\_\_\_  
Coconut Grove, FL 33133

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
betty@samblum.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Samuel S. Blum, Esq.

\_\_\_\_\_  
Name of Person

at ( 305 )

\_\_\_\_\_  
Area Code

854-1885

\_\_\_\_\_  
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 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**

Vega's Engineer LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2023 FEB 28 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on August 3, 2018 and assigned Florida document number L18000186236.

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:

c/o Samuel S. Blum, Esq.

**(Principal office address MUST BE A STREET ADDRESS)**

2666 Tigertail Ave, Suite 106

Coconut Grove, FL 33133

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Samuel S. Blum, Esq.

New Registered Office Address:

2666 Tigertail Ave., Suite 106

*Enter Florida street address*

Coconut Grove

Florida 33133

*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 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>                      |
|--------------|----------------------|--------------------------------|--|
| AMBR         | Gabriel Vega         | 185 South East 34 Terrace      | <input type="checkbox"/> Add               |
|              |                      | Homestead, FL 33033            | <input checked="" type="checkbox"/> Remove |
|              |                      |                                | <input type="checkbox"/> Change            |
| AMBR         | Luis Morales Valerio | 555 NE 15 Street Apartment 10B | <input checked="" type="checkbox"/> Add    |
|              |                      | Miami, Florida 33132           | <input 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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(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)

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.

**Filing Fee: \$25.00**