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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 30 AM 10:10

N COOPER

SEP 05 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VEGGA LANDS KEEPING INC

\_\_\_\_\_  
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:

DUBAR VEGA RAMIREZ

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

VEGGA LANDS KEEPING INC

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

209 COLLINS DR

\_\_\_\_\_  
Address

SANFORD, FL 32773

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

INFO@TAXACENTER.COM

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

For further information concerning this matter, please call:

DUBAR VEGA RAMIREZ

407

300-8838

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  
2661 Executive Center Circle  
Tallahassee, FL 32301



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>
p	DUBAR VEGA	209 COLLINS DR	<input type="checkbox"/> Add
		SANFORD, FL 32773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DUBAR VEGA	209 COLLINS DR	<input type="checkbox"/> Add
		SANFORD, FL 32773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DUBAR VEGA RAMIREZ	209 COLLINS DR	<input checked="" type="checkbox"/> Add
		SANFORD, FL 32773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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DIVISION OF CORPORATION

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E. Effective date, if other than the date of filing: 08/27/2018 (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 AUG. 27 2018



Signature of a member or authorized representative of a member

DUBAR VEGA RAMIREZ

Typed or printed name of signee