

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000233239 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Eax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084

Phone : (305)541-3980 Fax Number : (888)772-8108

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VEKA INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

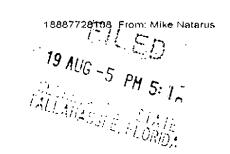
Electronic Fifing Menu — Corporate Filing Menu

Help

2019-08-05 15 25:27 (GMT)

H19000233239 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VEKA INVESTMENT LLC		
(Name of the Limited Lin (A Fit	ability Company as it now appears on our purida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	ly Company were filed on 08/23/2018	and assigned
Fiorida document number L18000202785		
This amendment is submitted to amend the following	ā:	
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 AL	DDRESS)	
	(a	
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office a		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
·	City	, Florida
	Ciry	Zip Cooe

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

H19000233239 3

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

Title	Name	Address	Type of Action
AMBR	PEIXOTO DOS SANTOS, LEON	1549 NE 123RD STREET	#3 Add
		NORTH MIAMI, FL 33161	□ Remove
			☐ Change
AMBR	DA SILVA CHAGAS, TIAGO	1549 NE 123RD STREET	□ □ Add
		NORTH MIAMI, FL 33161	□ Remove
			□ Change
			TO Add E
			□ Remover
			□ Remove
			Change
			□ Add
			□ Remove
		wage	Change
			□ Add
		VP-0-1	□ Remove
			Cl Change

		,,	
			- <u>*</u>
		2-	9 72.
			AUG.
		3.5	7
			PH
		۰۰۰ ۱ سئیر	نن
		رن آوڙ	
		<u> </u>	ā. 11°
			•
			•
W CCA	tive date, if other than the date of filing:		
(if an i	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.	rsuunt to 60: I not be list	5.0207 (3)(ed us the
the r } Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on e 90th day after the record is filed.	the earli	er of:
Date	d JULY, 19 2019		
	San		
	Sign start of a member or authorized grassentative of a member		

Typed or printed name of signee