18000289593

(Requestor's Name)
(Address)
(Address)
(0) (0) (7) (0) 10
(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



500323766395

birzdiid--didiy--bee 🐠 👊

2019 JAN 29 AM 9: 39
SECHETARY MI STAIL
JALLAHASSEE, FLORIS

C WCHAIR

COVER LETTER

	ation Section n of Corporations	1500 C
VAI	I VELOCE LLC	F. 12.
SUBJECT:	Name of Limited Liability Company	() () (A) (B) (C) (A) (C) (C) (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	RICARDO VILLAROEL	
	Name of Person VAI VELOCE LLC	
	Firm/Company 4095 STATE ROAD 7	
	Address LAKE WORTH, FL 33469	
	City/State and Zip Code arfloridaconstruction@gmail.com	
For further inform	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:	
RICARDO VILL	AROEL 561 707-7411	
	Name of Person Area Code Daytime Telephone Number	_
Enclosed is a chec	ck for the following amount:	
■ \$25.00 Filing	Fee Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution So	`Status & oy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VAI VELOCE LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 12/18/2018 and assigned
Florida document number L18000289593	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	illity company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4095 STATE ROAD 7
(Principal office address MUST BE A STREET ADDRESS)	LAKE WORTH, FL 33469
Enter new mailing address, if applicable:	4095 STATE ROAD 7
(Mailing address MAY BE A POST OFFICE BOX)	LAKE WORTH, FL 33469
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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> Type of Action □ Add ☐ Remove _□ Change □ Add _□ Remove _ Change □ Add ____ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

____ □ Change

_____ Change

☐ Add

☐ Remove

_	
_	
-	
-	
_	
_	
_	
_	
-	
-	
-	
-	
_	
	01/10/2019
an effe <u>ote:</u>	ve date, if other than the date of filing:
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited_	January 14. 2019 Therest.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00