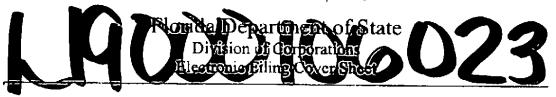
7/8/2019

Division of Corporations



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.

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To:				
	Division of Corporations			•
	Fax Number : (850)617-6383			,
From:				
	Account Name : V & A BUSINESS	SOLUTION INC		
	Account Number : I28160000021			
	Phone : (954)865-6507 Fax Number : (954)933-2634			
	(== //=> = ==			
Ema	LC AMND/RESTATE/CORRECT	CT OR M/N	ress ple	ase.**  SIGN
Ema	LC AMND/RESTATE/CORRECTED OF STATE OF S	CT OR M/N	ress ple	ase.**  SIGN
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Ema	LC AMND/RESTATE/CORRECTIONS & Cortificate of Status  Cortificate Copy	CT OR M/N	MG RES	ase.**  SIGN
Ema	LC AMND/RESTATE/CORRECTED STATE OF STAT	CT OR M/N	MG RES	ase.**  SIGN

Help

## **COVER LETTER**

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Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)	-	•	
The Articles of Organization for this Limited Lial Florida document number L19000106023	hility Company	were filed on $\frac{04/1}{}$	7/2019	and a	assigne	:d
This amendment is submitted to amend the follow	wing:				21	
A. If amending name, enter the new name of t	<u>the limited ligh</u>	ility company her	.e:	,	15 111	•
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the des	signation "LLC" or the abb	neviation	"L.L.C.	
Enter new principal offices address, if applical	ble:	<del></del>			ري-	<u> 156</u> 3
(Principal office address MUST BE A STREET	ADDRESS)	500 SOUTH FEE	DERAL HWY #564		:3: 	
		HALLANDALE	BEACH, FL 33009	`	ፕ. ጨ	`
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	10XI	500 SOUTH FEI	DERAL HWY #564		ະນ 	<del></del>
		HALLANDALE	BEACH, FL 33009			
B. If amending the registered agent and/o registered agent and/or the new registered offi			our records, enter	<u>the nan</u>	ne of	the new
	500 SOUTH F	EDERAL HWY #56	54			
New Registered Office Address:			da street address			
	HALLANDAL	E BEACH	, Florida <sup>330</sup>	009		
		City	. 4 101144	Zip Co	rde	<del></del>

## 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>	Address	Type of Action
MGR	MENDES DA SILVA, RODRIGO	500 SOUTH FEDERAL HWY #564	Add
		HALLANDALE BEACH, FL 3300)9	☐ Remove
			☐ Change
MGR	DE SOUSA DEMETRIO, WENDY	500 SOUTH FEDERAL HWY #564	
		HALLANDALE BEACH, FL 33009	Remove 77
			© Inc.
			□ Remove
			Change
	<del></del>		D Add
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ffective date if other than		JULY 08, 2019		(antional)	
ffective date, if other that an effective date is listed, the da lote: If the date inserted in t	us block does not me	of the applicable si	of filing or more than 9 stutory filing requires	days after filing.) Pursus nonts, this date will no	ant to 605.0207 at he listed as
ocument's effective date on	he Department of Sta	ite's records.			
e record specifies a del The 90th day after the	ayed effective da record is filed.	te, but not an	effective time, at	12:01 a.m. on th	e earlier of
JULY 08		2019			
	Signature of a me	20	crusing cpresentative of a mem	ner .	
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Page 3 of 3

Filling Fee: \$25.00