# L19000 108166

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## **COVER LETTER**

Division of Co	rporations		
Veces Gro	•		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nelson Velasquez		
		Name of Person	
	Veces Group, LLC		
	<del></del>	Firm/Company	
	15875 SW 52ND CT		
		Address	
	Miramar, FL 33027		
	-	City/State and Zip Code	
	Candaexpense@gmail.com		
	E-mail address; (	to be used for future annual report notifi	cation)
For further information c	concerning this matter, please co	all:	
Gisela Ramos		561 8144558 at ()	
Name o	ri Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Registration Section

TO:

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

FILED

Veces Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 FiAY 20 P 3: 43 The Articles of Organization for this Limited Liability Company were filed on April 22, 2019 and assigned Florida document number <u>L19000108166</u> 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Gisela Ramos Name of New Registered Agent: 6127 Bartram Village Dr New Registered Office Address: Enter Florida street address \_\_, Florida 32258
Zip Code Jacksonville City

### 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
AR	Antonio Coa	15875 SW 52ND CT	□ Add
		Miramar, Fl. 33027	L/ Add
			Remove
			□ Change
MGR	Yazceminne Perdomo	15875 SW 52ND CT	<b>-</b>
		Miramar, FL 33027	
			Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
		<del></del>	D Add
			Remove
			Change
			☐ Remove
			Change

E. Effective date, if other than the date of filing:
The state of the s
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ( (b) The 90th day after the record is filed.
Dated May 14
Signature of a member of authorized representative of a member
Nelson Velasquez  Typed or printed name of signee

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Filing Fee: \$25.00