

LI9000 134 412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

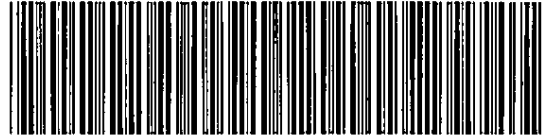
(Business Entity Name)

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SECTION 605  
TALLAHASSEE, FL

2019 AUG 26 AM 8:48

FILED

SEP 04 2019  
C Kinsey

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VCM PROFESSIONAL SERVICES LLC  
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:

VERUSKHA C, MANTILLA

VERUSKHA C, MANTILLA  
Name of Person  
VCM PROFESSIONAL SERVICES LLC  
Firm/Company  
729 W LAS OLAS BLVD APT 02  
Address  
FORT LAUDERDALE, FL 33312  
City/State and Zip Code  
MASTERACCTG@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERUSKHA C MANTILLA 305 5106406  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Page 1 of 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PATRICIA PINEDA	729W LAS OLAS BOULEVARD	<input checked="" type="checkbox"/> Add
		APT 02	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

Dated AUGUST 20 2019

VERUSKHA Mantilla

Typed or printed name of signee