L19000162190

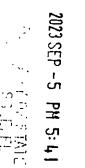
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(110	idic33)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	
	•	

Office Use Only



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COVER LETTER

=

TO: Registration Se Division of Corp			
SIMPOT.	MEX	-FLO HOLDINGS, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	_	
		Yanet Comesanas	
		Name of Person	
		VGV (US) LLC	
	*** · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2	100 Ponce de Leon, Suite 850	
		Address	
		Coral Gables, FL 33134	
		City/State and Zip Code	
	F 9 - 13 (yanetc@vivancoyvivanco to be used for future annual repor	
For further information c	oncerning this matter, please c	•	n nonneanon)
Yanet Co	omesanas	786 at ()	471-4655
Name o	f Person		aytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Addre	·sc:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MEX-FLO HOLDINGS, L	.LC
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
ne Articles of Organization for this Limited I	Liability Company were filed on $\frac{0}{2}$	6/20/2019 and assigned
nis amendment is submitted to amend the fol	Howing:	
	•	
If amending name, enter the new name	of the limited liability company l	<u>1ere</u> :
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	023
		SE TI
		1
nter new mailing address, if applicable:		SE SE IT
Mailing address MAY BE A POST OFFICE	<u></u>	75 5.
		177
. If amending the registered agent and/or gent and/or the new registered office addr		records, enter the name of the new regist
Name of New Registered Agent:	AVALON INCORPORATORS	LLC
New Registered Office Address:	2020 PONCE DE LEON BLVD	., SUITE 904
	Enter F	lorida street address
	CORAL GABLES	, Florida ³³¹³⁴
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
		 	□Remove

_ Change

		n, enter change(s) here: (Attach additional sheets, if necessary.)	
·			
			
			
			
		<u> </u>	
			
			
			
			
			
(If an effectiv <u>Note:</u> If th		specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan does not meet the applicable statutory filing requirements, this date will not	
the record spoord is filed.	ecifies a delayed effective da	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	ay after the
Dated	August 24th		
		<u> </u>	
	Sign	nature of a member or authorized representative of a member	
		Carlos Javier Fiallo	
		Typed or printed name of signee	

. . . .