



forida Department of

Division of Corporations Electronic Filing Cover Sheet



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.

(((H20000116788 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MINUTEVET LLC



Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

_	

Ö

Electronic Filing Menu Corporate Filing Menu

Help

April 22, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MINUTEVET LLC 2560 TIGERTAIL AVE APT 14 MIAMI, FL 33133

SUBJECT: MINUTEVET LLC

REF: L20000097448

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call $(850)\ 245-6050$.

Claretha Golden Regulatory Specialist II FAX Aud. #: H20000116788 Letter Number: 420A00008342

ARTICLES OF AMENDMENT TO

H20000116788 3

ARTICLES OF ORGANIZATION OF

MINUTEVELLLO

21 74 7:45

(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 04/06/2020 _____ and assigned Florida document number $\frac{1.20000097448}{}$ 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 "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida steer address _____. Florida ___ 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. Thereby 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: #20000116788 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FULL SPREAD CONSULTING	2560 TIGERTAIL AVE, APT 14 MIAMI, FL 33133	i CAdd
			≡Remove
		 -	□Change
			_ CAdd
			TRemove
			DChange
			_ □Add
			CRemove
			Change
		·	_ DAdd
			□Remove
			□Change
			_ Jadd
			□Remove
			TChange
			_ □Add
			□Remove
			🗆 Change

H20000116788 3

					- —					
			 .							
										
-							<u> </u>			
									 	_
						· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
							····	· · · · · · · · · · · · · · · · · · ·		
•		'					•			
_	••••							· · · · · ·		
										_
	<u> </u>						<u> </u>			
										
	·····					· · · · · · · · · · · · · · · · · · ·				
						-			<u></u> -	_
fective	date, if oth	ier than th	e date of f	iling:		· Catation		_ (optiona	l) g.) Pursuant to	
<u>ote:</u> II t	he date inse	rted in this l	block does r	iot meet the	applicable	statutory filin	ig requirem	ents, this da	g.) ruisuantio le will not be l	605.02 listed
cument	's effective	date on the	Department	of State's re	ecords.					
second si	necitios a do	realfre beenel	ica data bur	nat na atta	arion rinon	or 1201 o oo		Same at last of	The 90th day a	e
is filed.	erines a de	iayed ericei	ive dane, bar	nor an erre	cuve unic.	at 1(1) d.M.	on me carn	ier or: (ti)	ine som day a	mer n
L	1/7.5	/ 7 .	~ 7 .	<u> </u>						
ited	1/ 60	· · · · ·) <i>L</i> C	_ ·	 .					
	i		5 2 Ca	1						
	IVIN	and the		r un	-					
			Signature	of a member	or authorized	l representative	of a membe	.1		

Filing Fee: \$25.00