風 1 of 5

From: +15612646286

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.

(((H20000186535 3)))



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To:			
	Division of Cor	porations	
	Fax Number	: (850)617-6383	
From:			
	Account Name	: GOYENECHEA PROFESSIONAL SERVICES LLC	
	Account Number	: 120190000078	
	Phone	: (561)341-1582	
	Fax Number	: (561)264-6286	

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

Email	Address:	
	Mag	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VICAU LLC

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JUN 19 2020

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Tallahassee, FL 32314

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### **COVER LETTER**

TO: Registra Division		tion porations		
SUDIECT.			VICAU LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed Arti	cles of A	Amendment and fee(s) are subr	mitted for filing.	
Please retum all c	orrespor	ndence concerning this matter	to the following:	
			Pablo E Goyenechea	
			Name of Person	
		1	FuContadorEnMiami.com L	LC
			Firm/Company	
	51			
			Jupiter, Florida 33458	
		•	goyenechea@yahoo.com to be used for future annual rep	port notificulion)
For further inform	nation co	oncerning this matter, please or		, and normalities,
Pablo E Goyenechea		561	341-1582	
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a che-	ck for th	e following amount:		
<b>≡</b> \$25.00 Filing		S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing			Street Add	<del></del>
Registration Section Division of Corporations				ion Section of Corporations
P.O. Box 6327			re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: +15612545286

#### 🖺 3 of 5

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION JULY 8 PH 1:50 OF

VICAU LL	.C		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as It now appears bility Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company w  Florida document number	ere filed on	04/17/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the des	signation "LLC" or the ab	observation "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 adagent and/or the new registered office address here:	ldress on our re	cords, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		, Florida	
<u>-</u> -	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From: +15612646286

MGR = Manager AMBR = Authorized Member

220 JULI 18 PH 1:50

<u>Title</u>	Name	Address	Type of Action
MGR	REDI, ANDREA	221 W HALLANDALE BEACH BLVD	
		SUITE 312	□Remove
		HALLANDALE BEACH, FL 33009	OChange
MGR	CEA CEA, MAXIMILIANO A	221 W HALLANDALE BEACH BLVD	DAdd
		SUITE 312	<b>≡</b> Remove
		HALLANDALE BEACH, FL 33009	□Change
	<u> </u>		□Add
			□Remove
			□Change
			□Add
			[]Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change

Signature of a member or authorized representative of a member CEA CEA, MAXIMILIANO A - Manager Typed or printed name of signee