

L20000 106003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

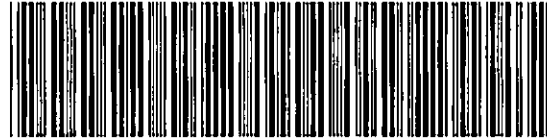
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

623

Office Use Only



000347395320

07/07/20--01028--014 \*\*25.00

RECEIVED

JUL 06 2020

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

2020 SEP -8 PM 4:26

FILED

SEP 08 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 8 16 PM 2:17

August 16, 2020

ANGELO M MARTIN, ESQ  
COUNSELAW  
PO BOX 900471  
HOMESTEAD, FL 33090

SUBJECT: VEL VOYAGE, LLC  
Ref. Number: L20000106003

We have received your document for VEL VOYAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Shelia H Young  
Regulatory Specialist II

Letter Number: 320A00015540

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VEL VOYAGE 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:

Angelo M. Martin, Esq.

\_\_\_\_\_  
Name of Person

Counselaw

\_\_\_\_\_  
Firm/Company

PO Box 900471

\_\_\_\_\_  
Address

Homestead, FL 33090

\_\_\_\_\_  
City/State and Zip Code

attorney@counselawflorida.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelo M. Martin, Esq.

305 900-4029

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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

**Street Address:**

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**

VEL VOYAGE LLC

(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 April 17, 2020 and signed  
Florida document number L20000106003.

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 "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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

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**

**FILED**  
2020 SEP -8 PM 4:26  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
HALL COUNTY, FLORIDA

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	VELIA G. VELLANTI	17750 SW 248 ST.	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA BERRY	17750 SW 248 ST.	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THOMAS A VELLANTI, JR.	17750 SW 248 ST.	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSEPH VELLANTI	17750 SW 248 ST.	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTOPHER VELLANTI	17750 SW 248 ST.	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VELIA G VELLANTI	17750 SW 248 ST.	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2020

Angelo M. Martin, Esq.

**Filing Fee: \$25.00**