

L20 000 182218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

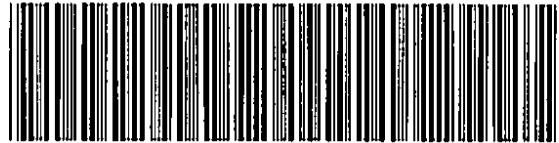
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/21/20--01008--003 \*\$25.00

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OCT 06 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VB ECOMM 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:

VINCENT LAURINO

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

V B ECOMM

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

2380 NW 81ST AVE

\_\_\_\_\_  
Address

SUNRISE, FL 33322

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

VINNY.LAURINO@GMAIL.COM

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

For further information concerning this matter, please call:

VINCENT LAURINO

954 6129857  
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

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**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	VINCENT LAURINO	2380 NW 81ST AVE	<input type="checkbox"/> Add
		SUNRISE, FL. 33322 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BEAUTY PERNIA LAURINO	2380 NW 81ST AVE	<input type="checkbox"/> Add
		SUNRISE, FL. 33322 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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.

AUGUST 12, 2020



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**