3-23-2021

Division of Corporations

# Florida Deparament of State Division of Corporations Electronic Hilling Cover Sheet Note: Please print this page and useful as a enfer sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

-(((H210001166213)))



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**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 Hame : COMPANY COMBO, LLC

Account Number : I20160000033

Phone : (866)428-2030

Fax Number : (407)308-0481

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

Email Address:\_\_

AR 23 PM 3: 1

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VARHDEZ GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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M. SOLOWING

Electronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

TO: Registration Division of C			
	EZ GROUP, LLC		
SUBJECT:	Name of Lim	ated Liability Company	<del> </del>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	PAOLA C.		
		Name of Person	
	COMPANY COMBO, LL	С	
		Firm/Company	
	2815 DIRECTORS ROW	STE 100	
		Address	
	ORLANDO, FL 32809		
		City/State and Zip Code	
	DOCS@COMPANYCOMI	BO.COM to be used for future annual report notif	leation)
For further information	t concerning this matter, please c		ication)
PAOLA C.		866 428-2030	
Name	e of Person	at (at ()	: Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee		☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S50,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Sec	ction
Division of	Corporations	Division of Corp	porations
P.O. Box 6 Tallahasset	327 :, FL 32314	The Centre of T 2415 N Monroe	allahassee 2 Street, Suite 810

Tallahassee, FL 32303

Page: 4 of 6

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VARHDEZ GROUP, LLC		
(Name of the Limited Liability Co (A Florida Limi	urbany as it now appears on our reco	nds.)
The Articles of Organization for this Limited Liability Compa	any were filed on 07/13/2020	and assigned
Florida document number <u>L20000201552</u>		
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 L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	1	
		2021 HAR 4
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>
		937 2
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>en</u> t	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ads	lress .
	· · · · · · · · · · · · · · · · · · ·	Florida
	Cris	LIP COUR

#### 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.

To: 18506176383

\* Page: 5 of 6 2021-03-23 17:53.45 GMT

14073080481

From: Diego Sampaio

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>	Type of Action
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fective date, if other than the date o	of filing:		(optional	)
an effective date is listed, the date must be spec- ote: If the date inserted in this block doe	erne mai camata de amor	BY DANG OF THIRDS OF THE	re than 90 days after film requirements, this dat	g ) Pursuant to 605.020 e will not be listed a
ocument's effective date on the Departme	ent of State's records.	·		
record specifies a delayed effective date,	but not an effective ti	me, at 12:01 a.m. o	n the earlier of (b). T	he 90th day after the
is filed				
MARCH 19,	2021			
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