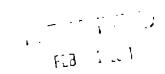
LZ0000261382

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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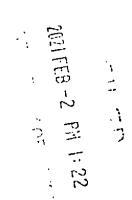
Office Use Only



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02/02/21--01003--010 **30.00



2/15/21

COVER LETTER

Registration Section
Division of Corporations

VEROKA S JECT:	SOLUTIONS LLC		
	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	VERONICA TORRES DE	EL ANGEL	
		Name of Person	<u>.</u>
	VEROKA SOLUTIONS L	LC	
		Firm/Company	
	6240 SW 65 AVE		
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33143		
		City/State and Zip Code	
•	VEROKA1609@ICLOUD.		
		to be used for future annual report notif	ication)
further information c	oncerning this matter, please c	all:	
PRONICA TORRES E	DEL ANGEL	786 9167545	
Name o	f Person		: Telephone Number
closed is a check for the	ne following amount:		
3 \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
5 4 2 5.00 1 11111 9 1 0 0	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

VEROKA SOLUTIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 08/23/2020 and assigned da document number $\underline{\underline{^{L20000261382}}}$ amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal o<u>ffic</u>e address <u>MU</u>ST BE A STREET ADDRESS) r new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered t and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

reby accept the appointment as registered agent and agree to act in this capacity. I further agrectly comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

<u>Name</u>	<u>Address</u>	Type of Actio
VERONICA TORRES DEL ANGI	6240 SW 65 AVE MIAMI FL 33143	
		□Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□Change
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		Remove
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		□ Add
		□Remove
		Change

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