

L21000057394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

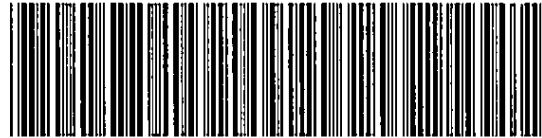
(Document Number)

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21 MAR 22 PM 3:43  
CLERK OF COURT  
STATE OF TEXAS  
DIVISION OF COURT ADMINISTRATION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VETAMSA 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:

SALVADOR PALMA  
\_\_\_\_\_

Name of Person

VETAMSA LLC  
\_\_\_\_\_

Firm/Company

558 RIVER RD  
\_\_\_\_\_

Address

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

COS COB, CT 06807  
\_\_\_\_\_

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

For further information concerning this matter, please call:

SALVADOR PALMA  
\_\_\_\_\_

917  
at ( )

4562151

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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

21 MAR 22 PM 3:44

VETAMSA 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 FEBRUARY 2ND 2021 and assigned  
Florida document number L21000057394.

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 "LLC."

**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**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JESUS GONZALEZ HERNANDE	558 RIVER RD	<input checked="" type="checkbox"/> Add
		COS COB, CT 06807	<input type="checkbox"/> Remove
		43%	<input type="checkbox"/> Change
MGR	CESAR LAMBRETON GARZA	558 RIVER RD	<input checked="" type="checkbox"/> Add
		COS COB, CT 06807	<input type="checkbox"/> Remove
		35%	<input checked="" type="checkbox"/> Change
MGR	TOMAS DE JESUS GONZALEZ C	558 RIVER RD	<input checked="" type="checkbox"/> Add
		COS COB, CT 06807	<input type="checkbox"/> Remove
		20%	<input type="checkbox"/> Change
MGR	SALVADOR PALMA	558 RIVER RD	<input type="checkbox"/> Add
		COS COB, CT 06807	<input type="checkbox"/> Remove
		2%	<input checked="" type="checkbox"/> Change
MGR	LILIAN LIMON LEITE	558 RIVER RD	<input type="checkbox"/> Add
		COS COB, CT 06807	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

21 MAR 22 PM 3:44

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATION

JESUS GONZALEZ HERNANDEZ 43% OWNERSHIP ADD

CESAR LAMBRETON GARZA 35% OWNERSHIP ADD

TOMAS DE JESUS GONZALEZ GARCIA 20% OWNERSHIP ADD

SALVADOR PALMA 2% OWNERSHIP - CHANGE

21 MAR 22 PM 3:44

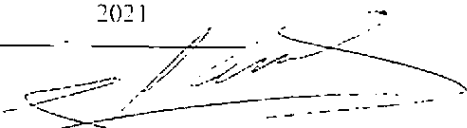
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MARCH 16TH 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SALVADOR PALMA

\_\_\_\_\_  
Typed or printed name of signer