

24/3/2021

Division of Corporations

(((H21000118615 3)))

L21000118615

Florida Department of State
Division of Corporations
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Email Address: onestopsolutionsfl@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VISIONARY TALEN AGENCY, LLC

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COVER LETTER

TO: **Registration Section**
Division of Corporations

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SUBJECT: VISIONARY TALEN AGENCY, 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:

Carlos Sebastian Alarcon Garzon

Name of Person

Carlos Alarcon

Firm/Company

500 Nw 98th Ct

Address

Miami, Florida, 33172

City/State and Zip Code

vta.football@gmail.com

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

For further information concerning this matter, please call:

Carlos Alarcon

786 759-61007
at ()
Area Code Daytime Telephone Number

Name of Person

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)

MailingAddress:

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

StreetAddress:

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H21000118615 3)))

VISIONARY TALEN AGENCY, 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 03/18/2021 and assigned
Florida document number L21000112818.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VISIONARY TALEN AGENCY, LLC

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:

500 Nw 98th Ct

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida, 33172

Enter new mailing address, if applicable:

500 Nw 98th Ct

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida, 33172

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: Carlos Sebastian Alarcon

New Registered Office Address: 500 Nw 98th Ct

Miami, Florida 33172

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.

Carlos Alarcon

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:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos Sebastian Alarcon Garzon	500 Nw 98th Ct	<input type="checkbox"/> Add
		Miami, Florida, 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Dennis Andres Garzon Casas	500 Nw 98th Ct	<input type="checkbox"/> Add
		Miami, Florida, 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Education Services and Representation to Sport-Arts

Events Organization

Importation and Exportation Clothing

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 24 , 2021

Carlos Alarcon
Signature of a member or authorized representative of a member

Carlos Sebastian Alarcon Garzon
Typed or printed name of signee

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