## L21000146045

(Requestor's Name)
(Address)
( )
(Address)
(Civ.(Chata Zin/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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. <u>.</u>

Office Use Only



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APR 11 2023 D CONNELL





April 6, 2023

VINCENT ARCURI 1725 S NOVA RD, D6 SOUTH DAYTONA, FL 32119 US

SUBJECT: CHELLEVI ENTERPRISES LLC

Ref. Number: L21000146045

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P23000010399.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

www.sunbiz.org

DO DOM GOOD TO U. 1

Letter Number: 223A00007869

## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations		
Chellevi Er	nterprises LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Vincent Arcuri		
		Name of Person	<del></del>
	Chellevi Enterprises LLC		
		Firm/Company	
	1725 S Nova rd . D6		
	<del></del>	Address	
	South Daytona, Florida 32	119	
		City/State and Zip Code	
	VTAEnterprises@proton.m	c to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca		
Vincent Arcuri		386 281-7370 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fœ	☐ \$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		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	oorations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chellevi Enterprises LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed	on 03/29/2021 and assigned
Florida document number L21000146045	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
VTA Enterprises 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:	75. <b>29</b>
(Principal office address MUST BE A STREET ADDRESS)	SEC SEC
	AR EB
<del></del>	SSE SSE
Enter new mailing address, if applicable:	me R
Mailing address MAY BE A POST OFFICE BOX)	
Maning data ess MAT DE ATOST OFFICE DOXI	0A N
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:  Name of New Registered Agent:	our records, enter the name of the new register
New Registered Office Address:	
List Control of the C	tter Florida street address
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performa	a this capacity. I further agree to comply with the nee 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Vincent Arcuri	1725 S Nova Rd. D6, South Daytona, Florida 32119	<b>■</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
		· 	□Change
			□Add
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			□Change
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		<del></del>	□Remove
			□Change
<del></del>			∃Add
			□Remove
			□Change

Effective date, if other than the date of filing:  [Coptional]  If on 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 605-026 Monte; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  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 reliable of the filed.  Dated Innuary 27th  2023  Signature of a member or authorized representative of a member  Vincent Arcuri						
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	Dated		2023			
		7.				
		Signature	of a member or auth	orized representative	of a member	
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