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(Business Entity Name)

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2022 MAY 31 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIVE VERTEX 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:

AUGUSTO E. SAMPAYO

Name of Person

Augusto E. Sampayo

Firm/Company

6551 Arleigh Ct Apt. 107

Address

BOCA RATON, FL 33433

City/State and Zip Code

augustosampayo@gmail.com

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

For further information concerning this matter, please call:

CLAUDIA Y. QUIROGA

305 3183658
at ()

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

2022 MAY 31 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FL

FIVE VERTEX 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 04/27/2021 and assigned
Florida document number L21000194564

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 "L.L.C."

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:

CLAUDIA Y. QUIROGA

New Registered Office Address:

6551 Arleigh Ct #107 - Boca Raton

Enter Florida street address

Boca Raton

City

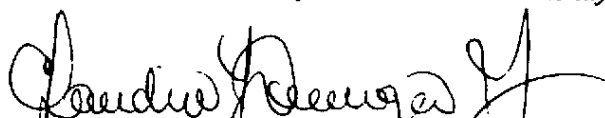
Florida

33433

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 603, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager

AMBR = Authorized Member

[illegible]

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

FILED
2022 MAY 31 AM 11:30
SECTIONARY DEPT
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 05/11/2022 (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 05/10/2022

Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

AUGUSTO E. SAMPAYO

Typed or printed name of signer

TO: SUN BIZ of FLORIDA and PUBLIC NOTARY

From: FIVE VERTEX LLC

Based on the provisions of article VII of the document "OPERATING AGREEMENT FOR A LIMITED LIABILITY COMPANY MANAGED BY MEMBERS", of FIVE VERTEX LLC, we, the members, designate Mrs. CLAUDIA YESMITH QUIROGA MONSALVE, with physical address in BOCA RATÓN, FL, as MANAGER of the company, with powers to represent the company in all its business, contract duties and obligations with third parties and with the authorities of the UNITED STATES OF AMERICA, and defend their rights.

We ask SUN BIZ, FLORIDA, to register this appointment and issue a certificate stating his capacity as MANAGER of the company with express powers to represent and bind it, and to conduct its business.

We enclose payment of expenses for a total of \$30 USD, \$25 for the registration, and \$5 for the certificate.

Our new MANAGER will receive notifications and requirements at the company address: 6551 Ardleigh Ct 107 BOCA RATÓN, FL 33433, phone number: (305) 318.3658, email: cquiroya@hotmail.com

SIGNATURES OF MEMBERS

Execution of Agreement: In witness whereof, the members of this LLC have signed and adopted this decision pursuant to Article VII of this LLC's operating agreement.

Date: 05/24/2022

Signature: 

Printed name: AUGUSTO E. SAMPAYO, Authorized Member

Date: 05/24/2022

Signature: 

Printed Name: MARTHA L. GUERRERO, Authorized Member