# K21000 210725

(Requestor's Name)
(Address)
(Address)
( 133.333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3
}





600367436766

06/07/21--01007--029 \*+25.00

2021 JUL 28 PM 3: 10 SECRETARY OF STATE TALL AHASSEE, FL

Sp. 1

Vorticel Co. LLC



# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2021

JORGE RAMIREZ 3020 NE 32ND AVE SUITE 303 FORT LAUDERDALE, FL 33308

SUBJECT: VERTICAL COMPANY LLC

Ref. Number: L21000210725

We have received your document for VERTICAL COMPANY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

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) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 221A00015564

RECEIVED

www.sunbiz.org

Division CO and DO DOM COOR WILL COOR

## **COVER LETTER**

TO: Registration S Division of Co			
Vertical Co	ompany LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Jorge Ramirez		
		Name of Person	
	Jorge Ramirez CPA, P.A.		2021 JUL 28 PH 3: 10 SECRETARY OF STATE TALLAHASSEE. FL
		Firm/Company	THE NEW YORK
	3020 NE 32nd Ave Suite 3	303	28 PH ARY OF AHASSE
		Address	SEE
	Fort Lauderdale Fl 33308		3: 10 STAT E. FL
		City/State and Zip Code	
	É-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Jorge Ramire::		954 463-0829 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	etion
Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of T	Γallahassee
Tallahassee, l	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERTICAL COMPANY LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L21000210725	Company were filed on May 5th 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	٠,
VERTIKAL SOLUTIONS COMPANY LLC		<b>20</b>
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	ht abbreviation "L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	NETAR SS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3: 10
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Enter Florida Street audress	
	, Florid	
	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 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
			□Add
			□Remove
			□Change
<del></del>			SE DO Add
			JUL 28 PHI3: 10 Add
<b>-</b>	<del> </del>		FLE DAdd
			□Remove
		<del></del>	
			□Add
		<u> </u>	□Remove
			Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□ Add
		·	□Remove

\_\_ Change

. H ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
_	
_	
_	
	2021 SEC TA
_	
_	AT L = HASY S
_	En a O
_	FLE
_	
Note: If	e date, if other than the date of filing:  tive 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 ( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to seffective date on the Department of State's records.
record s rd is filed.	specifies a delayed offective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	5/31/2021
	Signature of a metabor or multipole of
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00