

L2100022500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

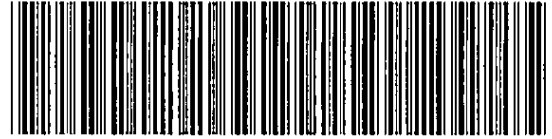
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R. HUNT
8/10/24

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155 Office Plaza Dr Ste A Tallahassee FL 32301
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DATE: 08/02/2024

NAME: VIELZA FURNITURE DESIGNS LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

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TALLAHASSEE, FL
AUG 02 2024
AM 8:56

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIELZA FURNITURE DESIGNS 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:

IRIANA SIERRA-FERNANDEZ
Name of Person
Firm/Company
2573 PALMARITA RD
Address
WEST PALM BEACH, FL 33406
City/State and Zip Code
irianafrank96@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
STATE
OFFICE
TALLAHASSEE, FL
JUN 11 2013
AM 8:55

For further information concerning this matter, please call:

IRIANA SIERRA-FERNANDEZ
Name of Person
561 452-0081
at ()
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
2445 Michoud Blvd
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VIELZA FURNITURE DESIGNS 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 05/14/2021 and assigned
Florida document number L21000225882.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2573 PALMARITA RD

WEST PALM BEACH, FL 33406

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2573 PALMARITA RD

WEST PALM BEACH, FL 33406

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:

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Daniel Vielza Puente	6529 Emerald Dunes Dr	<input type="checkbox"/> Add
		Apt 304	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33411	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUN 2 PM 8:57
STATE
COUNTY OF PALM BEACH, FL

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

N/A.

2024
AUG 1
AM 8:57
DEPT OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 08/01/2024 (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)

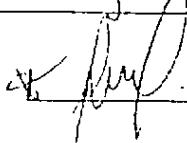
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

August 1st

2024



Signature of a member or authorized representative of a member

Irana Sierra Fernandez

Typed or printed name of signee