

121 000 231 479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

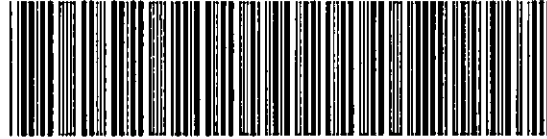
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/16/21 Victor called stated
the name of company is also
active with same name in Delaware

Office Use Only



300376312533

11/23/21--91035--035 ++30.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 DEC 16 AM 7:52

FILED

O SIMMONS
DEC 17 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2021

ASH ACCOUNTING & CONSULTING
7957 N UNIVERSITY DR, #224
PARKLAND, FL 33067

SUBJECT: VUHO LLC
Ref. Number: L21000231478

We have received your document for VUHO LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 521A00029604

COVER LETTER

TO: **Registration Section
Division of Corporations**

VUHO, LLC

SUBJECT: _____
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:

Name of Person
ASH ACCOUNTING TAX & CONSULTING

Firm/Company
7957 N UNIVERSITY DR #224

Address
PARKLAND, FL 33067

City/State and Zip Code
info@ash.consulting

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

For further information concerning this matter, please call:

VICTOR M SCAVO (954) 362-9184

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

VUHO, LLC

2021 DEC 16 AM 7:52

(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 05/19/2021 and assigned
Florida document number L21000231478

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:

6810 STATE RD 7

(Principal office address MUST BE A STREET ADDRESS)

SUITE 243

COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

6810 STATE RD 7

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 243

COCONUT CREEK, FL 33073

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:

ASH ACCOUNTING TAX & CONSULTING

New Registered Office Address:

7957 N UNIVERSITY DR #224

Enter Florida street address

PARKLAND

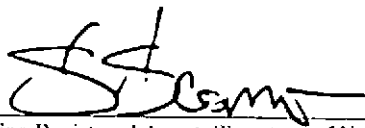
City

Florida 33067

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> |
|--------------|----------------------------------|---------------------------|--|
| MGR | OROZCO, ALEJANDRO | 6810 STATE RD 7 SUITE 243 | <input type="checkbox"/> Add |
| | | COCONUT CREEK FL 33073 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | VUHO, LLC, <i>a Delaware LLC</i> | 8 THE GREENS SUITE A | <input checked="" type="checkbox"/> Add |
| | | DOVER, DE 19901 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | DE AVILA, MIGUELA | CALLE 96-19A-83 | <input type="checkbox"/> Add |
| | | BOGOTA, CB 11011-1 CB | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ANGULO, SANTIAGO | CALLE 96-19A-83 | <input type="checkbox"/> Add |
| | | BOGOTA, CB 11011-1 CB | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

[illegible]

(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)

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.

MEMBER 1/1H ; 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00