

L 21000265208

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SUNBIZ ONLINE LLC  
Account Number : 120210000128  
Phone : (305)244-9500  
Fax Number : (954)827-9354

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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VIAARPE LLC

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K. SALY  
MAY 20 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

VIAARPE 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:

RODRIGO URBINA

\_\_\_\_\_  
Name of Person

SUNBIZ ONLINE LLC

\_\_\_\_\_  
Firm/Company

2165 VAN BUREN ST. SUITE 911

\_\_\_\_\_  
Address

HOLLYWOOD, FL 33020

\_\_\_\_\_  
City/State and Zip Code

RODRIGO@SUNBIZONLINE.ORG

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

For further information concerning this matter, please call:

RODRIGO URBINA

at ( 305 ) \_\_\_\_\_  
Area Code

244-9500

\_\_\_\_\_  
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**  
2024 MAY 17 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VIAARPE 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 06/08/2021 and assigned Florida document number L21000265208.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2165 VAN BUREN ST

SUITE 911

HOLLYWOOD, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1801 POLK ST.

UNIT 223041

HOLLYWOOD, FL 33022

**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:

1401 SAWGRASS CORPORATE PKWY

*Enter Florida street address*

SUNRISE

, Florida 33323

*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>
AMBR	ROSETTI, MATTEO	12029 SW 117TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JIMENEZ SANTANA, ZOZER L.	2165 VAN BUREN ST	<input checked="" type="checkbox"/> Add
		SUITE 911	<input type="checkbox"/> Remove
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Change
AMBR	JIMENEZ FERNANDEZ, ZOZER	2165 VAN BUREN ST	<input type="checkbox"/> Add
		SUITE 911	<input type="checkbox"/> Remove
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Multiple horizontal lines for entering amendments.

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STATE TALLAHASSEE FLORIDA

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 May 17, 2024

*Matteo Rosetti*

Signature of a member or authorized representative of a member

MATTEO ROSETTI

Typed or printed name of signee