

2021-08-12 15:37 PEDRO

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L21000350759

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954) 655-8413
Fax Number : (954) 432-8807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLUZQUINOSFE@HOTMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MC RESIGN
V & A INSURABILITY LLC

Certificate of Status	0
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Estimated Charge	\$25.00

2021 AUG 13 AM 10:26

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 AUG 13 AM 10:34

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Corporate Filing Menu

Help

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TO: Registration Section
Division of Corporations

V & A INSURABILITY 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:

GOMEZ, ASTRID C.

Name of Person

Firm/Company

1033 NW 124TH AVE

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

ASTRILX@INSURABILITY.US

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

For further information concerning this matter, please call:

PEDRO LUZQUINOS

954 655-8413
at ()

Name of Person

$$H_1(\quad)$$

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

H210003055043

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

V & A INSURABILITY 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 08/03/2021 and assigned
Florida document number 1,21000350759

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 "LLC."

Enter new principal offices address, if applicable:

1033 NW 124TH AVE

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33026

Enter new mailing address, if applicable:

1033 NW 124TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33026

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:

GOMEZ, ASTRID C.

New Registered Office Address:

1033 NW 124TH AVE

Enter Florida street address

PEMBROKE PINES

Florida 33026

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.

Astrid C. Gomez

If Changing Registered Agent, Signature of New Registered Agent

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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	RODRIGUEZ, VANESSA C.	1033 NW 124TH AVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)*

CHANGE OF ADDRESS FOR AUTHORIZED MEMBER

TITLE AMBR GOMEZ, ASTRID C.

OLD ADDRESS

9725 NE 52ND ST STE 202

DORAL, FL 33178

NEW ADDRESS

1033 NW 124TH AVE

PEMBROKE PINES, FL 33026

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 60A-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 13, 2021

Astrid C. Gomez

Signature of a member or authorized representative of a member

GOMEZ, ASTRID C.

Typed or printed name of signee

H210003055043

Filing Fee: \$25.00

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