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C. BRUMBLEY
JAN 2 0 2022

## **COVER LETTER**

## TO: Registration Section **Division of Corporations** VASOL XCLUSIVE SERVICES 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: ROXANNA ANTONIETA SOLORZANO SOLIS Name of Person VASOL XCLUSIVE SERVICES LLC., Firm/Company 5126 ANZIO STREET Address ORLANDO, FL 32819 City/State and Zip Code ROXANNASOLORZANOSOLIS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROXANNA ANTONIETA SOLORZANO SOLIS 936-5275 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08}{10000000000000000000000000000000000$	/18/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
VASOL XCLUSIVE SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	
Enter new principal offices address, if applicable:	2021 DEC
(Principal office address MUST BE A STREET ADDRESS)	
	7
Enter new mailing address, if applicable:	5
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	ecords, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	rida street address
	, Florida <u>32819</u>
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 Negassers.	, b. s

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
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ffective date	e, if other than the date of filing: U/F (optional) the 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
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	Tective date on the Department of State's records.
record specif	Tes a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
ated _	12-9-31
_	
	Roxanna Schrzauc Solis . Signature of a member or authorized representative of a member
	Maxama Darzauc Zalia

Typed or printed name of signee