

L220000158346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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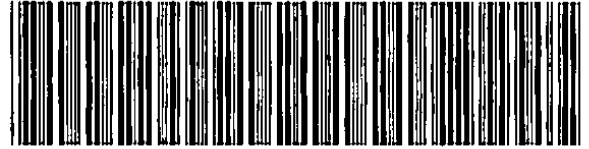
(Business Entity Name)

(Document Number)

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22 MAY 13 PM 12:02  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

T. MATTHEWS

JUL 13 2022

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: V3R CONSTRUCTION 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:

MARBEL SHARET BAUTISTA

Name of Person

V3R CONSTRUCTION LLC

Firm/Company

2334 ROAT DRIVE

Address

ORLANDO FL 32835

City/State and Zip Code

marbelbautista@hotmail.com

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

For further information concerning this matter, please call:

MARBEL SHARET BAUTISTA

818

606-7142

at ( )

Name of Person

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

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

SECRETARY OF STATE  
DIVISION OF CORPORATION

22 MAY 13 PM 12: 02

V3R CONSTRUCTION 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 04/01/2022 and assigned  
Florida document number L22000158346.

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: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

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>
MGR	MARBEL SHARET BAUTISTA	2334 ROAT DRIVE	<input type="checkbox"/> Add
		ORLANDO FL 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	EDUARDO VESGA MARTINEZ	412 5TH AVE S	<input type="checkbox"/> Add
		JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FRANCO DANIEL VALENCIA ZAPATA	412 5TH AVE S	<input type="checkbox"/> Add
		JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARCOS AMBROZIO RIBEIRO	9851 NW 75TH STREET	<input type="checkbox"/> Add
		DORAL FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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 05/09/22

*Maribel S. Bautista*  
Signature of a member or

Signature of a member or authorized representative of a member

MARBEL SHARET BAUTISTA

Typed or printed name of signee

**Filing Fee: \$25.00**