

L22000363084

(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:

Name Conflict

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2023 APR 25 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 APR 25 PM 1:50

A. BUTLER

APR 28 2023

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

veracruz rental llc

Please Debit 120000000257 For: 25

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by: SETH

04/26

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VERACRUZ RENTAL 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:

GASTON CORTES, CPA

Name of Person

CORTES ACCOUNTING & ASSOCIATES LLC

Firm/Company

2600 S DOUGLAS RD., SUITE 901

Address

CORAL GABLES, FL 33134

City/State and Zip Code

GASTON.CORTES@CORTES-ACCOUNTING.COM

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

For further information concerning this matter, please call:

CAMILO RAMIREZ TOBON

Name of Person

at (786)

Area Code

727-1256

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

200 APR 25 PM 1:51

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

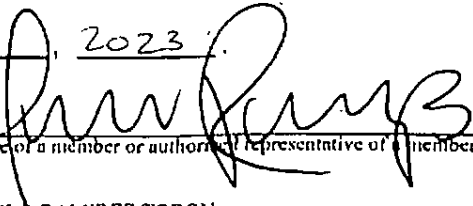
MGR = Manager
AMBR = Authorized Member

[illegible]

Lined area for document content.

E. Effective date, if other than the date of filing: 04/24/2023 (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 APRIL 26, 2023.


Signature of a member or authorized representative of a member
CAMILO RAMIREZ TOBON

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2023

CAPITAL CONNECTION, INC.

SUBJECT: VERACRUZ RENTAL LLC
Ref. Number: L22000363084

We have received your document for VERACRUZ RENTAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is P22000066806.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 723A00009303

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2023 APR 27 PM 2:29
FLORIDA