

L22000455742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

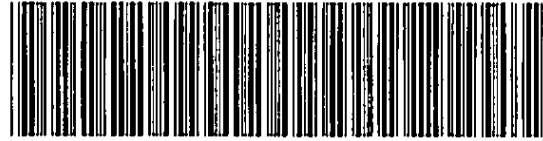
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC 13 PM 1:01
REGISTRATION
FILING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VE & AR INVESTMENT, LLC

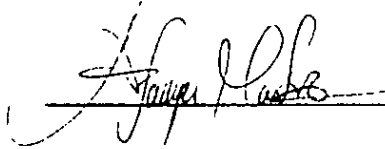
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS A VEGA MAESTRE

Name of Person



Firm/Company

15801 SW 54TH PL

Address

SOUTHWEST RANCHES, FL 33331

City/State and Zip Code

camaestre@uninorte.edu.co

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

For further information concerning this matter, please call:

CARLOS A VEGA MAESTRE

954

765-6929

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

2022 DEC 13 PM 1:01
SECRET
TALLAHASSEE, FL 32303

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

VE & AR INVESTMENT, 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 OCTOBER 24-2022 and assigned
Florida document number L22000455742.

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:

CARLOS A VEGA SANDOVAL

New Registered Office Address:

15801 SW 54TH PL

Enter Florida street address

SOUTHWEST RANCHES

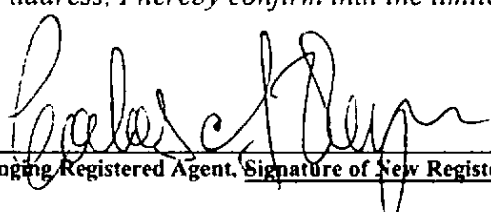
, Florida 33331

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	CARLOS A VEGA MAESTRE	15801 SW 54TH PL	<input type="checkbox"/> Add
		SOUTHWEST RANCHES, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DINA C ARAUJO LAGO	15801 SW 54TH PL	<input type="checkbox"/> Add
		SOUTHWEST RANCHES, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS A. VEGA SANDOVAL	15801 SW 54TH PL	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
2012 DEC 13 PM 1:00
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-17-2013 BY 60322 UCBAW

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TALL//NOFORN, 1

2022 DEC 13 PM 1:01
SECRET//NOFORN
TALL, M. C. CEE, JT

(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.

Dated NOV 20, 2022

CARLOS A VEGA MAESTRE

Typed or printed name of signee