L23000183135

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Otale/2/p/) Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300410043073

85/01/20 -81618 -886 **21.80

277 June - 2 1112: 15

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	vela Remo	Cleuc (CC.		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	idence concerning this matter	to the following:		
	Osnjel H	idalgo Grato (Name of Person	Xivera	-
		Firm/Company	<u>.</u>	-
	9608 N Ta	Ciaterro Ave Address		_
		Address		15-5
	Lamon-	T-C 33613 .		
	- Variga	City/State and Zip Code	· <u> </u>	
				ر')
	E-mail address: (to be used for future annual report noti	fication)	F.112:
For further information co	ncerning this matter, please ca	all:		!2
Osniel 1-hda Name of	150 Grate Dive	Ma at (<u>813</u>) <u>843</u> Area Code Daytim	5218 e Telephone Numbe	
Enclosed is a check for the	-			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Address Registration S		Street Address: Registration Se	ction	
Division of Co	orporations .	Division of Cor	porations	
P.O. Box 632°		The Centre of T		R10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limite	npany as it now appea	rs on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2300018-3135</u> .			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the o	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
			<u>;</u>
Enter new mailing address, if applicable:			7.3 7.3 ————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our i	records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
	City	, Fioriua	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>	Type of Action
<u>vP</u>	Alberto Roman	1333 Autom Dr	í X Add
		1333 Autum Dr Tampa- FL 33613	□Remove
			[] Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		<u>.</u>	©Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

			
			<u> </u>
			· · · · · · · · · · · · · · · · · · ·
_			
		.	.
		·	
			
Effoative	date, if other than the date of filing:	2013 (antional)
	ve date is listed, the date must be specific and cannot be prior to date of fi	ling or more than 90 days after filin	g.) Pursuant to 605.02
f an effect		ory filing requirements, this dat	e will not be listed :
f an effect Note: If	the date inserted in this block does not meet the applicable statute is effective date on the Department of State's records.		
f an effect Note: - If	's effective date on the Department of State's records.		
f an effect <u>Note:</u> If documen	's effective date on the Department of State's records.	01 a.m. on the earlier of: (b) T	
fan effect Note: If documen e record s	's effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) T	
fan effect Note: If documen e record s	's effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) T	'he 90th day after th
fan effect Note: If documen e record s d is filed	's effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) T	'he 90th day after th
fan effect Note: If documen e record s d is filed	's effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) T	The 90th day after th
fan effect Note: If documen e record s d is filed	's effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:0 June 1 01 . 3033.		'he 90th day after th
fan effect Note: If documen e record s d is filed	's effective date on the Department of State's records. pecifies a delayed effective date, but not an effective time, at 12:0		The 90th day after th

Filing Fee: \$25.00