

L24000488246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

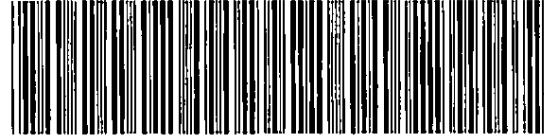
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2024 NOV 26 PM 3:21  
FALLS CHURCH, VA  
FALLS CHURCH, VA

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

**Please use funds from this account: I20210000160: \$25.00**

**Authorization Signature:** 

**Business Name:** V TOWERS 412 LLC

**Document#** L24000488246

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

**OTHER FILINGS**

☐ Apostille

Country

**AMMENDMENTS**

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

V TOWERS 412 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:

YULEISY A. MONTALVO

---

Name of Person

Name of Person

Firm/Company

Firm/Company

430 VILABELLA AVE

---

Address

Address

CORAL GABLES, FL. 33146

---

City/State and Zip Code \_\_\_\_\_

City/State and Zip Code

mentalvoyageisv@gmail.com

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

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

For further information concerning this matter, please call:

Yuleisy A. Montalvo	305	793-8400
Name of Person	Area Code	Daytime Telephone Number

Yuleisy A. Montalvo

3015

793-8400

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: V TOWERS 412 LLC  
Ref. Number: L24000488246

We have received your document for V TOWERS 412 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing the last page of the Articles of Amendment. The required signature page.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 424A00025954

RECEIVED  
2024 DEC -2 PM 4:59  
P.O. BOX 6227  
TALLAHASSEE, FL 32314

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

V TOWERS 412 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 November 19, 2024 and assigned  
Florida document number 1.24000488246.

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*

*City*

*Florida*

*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	THE YULEISY A. MONTALVO LIVING TRUST	430 VILABELLA AVE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	YULEISY A. MONTALVO	430 VILABELLA AVE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	THE YULEISY A. MONTALVO LIVING TRUST	430 VILABELLA AVE	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YULEISY A. MONTALVO	430 VILABELLA AVE	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input type="checkbox"/> Remove
			<input 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.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 November 25, 2024

Signature of a member or authorized representative of a member

Yuleisy A. Montalvo

Typed or printed name of signee