

# M1500000284

Jan 26 2015 06:36pm

PO01/004

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H15000020950 3))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KILLGORE, PEARLMAN, STAMP, CRNSTEIN & SQUIRES  
Account Number : I19980000007  
Phone : (407) 425-1020  
Fax Number : (407) 839-3635

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JALDRETE@VTAIG.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLTVT, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
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P002/004

**COVER LETTER**

Fax Audit No. H15000020950 3

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLTVT, L.L.C.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier Aldrete

Name of Person

The Van Tuyl Group

Firm/Company

1550 E Missouri #300

Address

Phoenix, AZ 85014

City/State and Zip Code

jaldrete@vtaig.com

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

For further information concerning this matter, please call:

Javier Aldrete

Name of Person

at ( 816 ) 587-2988

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (12/14)

Fax Audit No. H15000020950 3

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

- 1. Name of limited liability Company as it appears on the records of the Florida Department of State: FLTVT, L.L.C.
- 2. The Florida document number of this limited liability company is: M15000000284
- 3. Jurisdiction of its organization: Delaware
- 4. Date authorized to do business in Florida: January 12, 2015

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**SECTION II (5-9 complete only the applicable changes)**

- 5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

- 6. If amending the registered agent and/or registered officer 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*

- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:  
Addition of officers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
<u>S/T</u>	<u>Robert J. Holcomb</u>	<u>8500 Shawnee Mission Pkwy Ste 4</u>	<input checked="" type="checkbox"/> Add
_____	_____	<u>Shawnee Mission, KS 66202</u>	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
 aforementioned amendment(s), duly authenticated by the official having custody of records in the  
 jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
 Signature of the authorized representative  
**Larry Van Tuyl, Manager**  
 \_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**