

M1700000 6711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

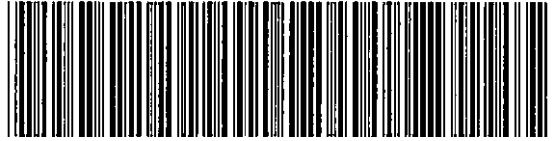
(Document Number)

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APR 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROVINO LLC
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:

Juan Diego Ponce
Name of Person

PROVINO LLC
Firm/Company

1395 Bicknell Ave, Suite 833
Address

Miami, FL 33131
City/State and Zip Code

jd_ponce@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Diego Ponce at (786) 280-0256
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2020

JUAN SEBASTIAN VINELLI AYALA
1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131

SUBJECT: PROVINPO, LLC
Ref. Number: M17000006711

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

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 620A00003584

2020/02/18 12:01

**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)

2016 FEB -2 AM 8:04

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Provino LLC

Enter new principal office address, if applicable:

1395 Bickell Ave, Suite 233
Miami, FL, 33131

(Principal office address

MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M17000006711

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 7, 2017

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)(e), indicate that change:

MGR = Manager AMBR = Authorized member

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan Diego Ponce	1395 Birchell Ave, Suite 833	<input type="checkbox"/> Add
		Miami, FL, 33131	<input checked="" type="checkbox"/> Remove
MGR	Juan Sebastian Vinelli Ayala	1395 Birchell Ave, Suite 833	<input checked="" type="checkbox"/> Add
		Miami, FL, 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

JUAN SEBASTIAN VINELLI
Typed or printed name of signee

Filing Fee: \$25.00