11180000008136

(Requestor's Name)
(Address)
(Address)
(1.00.033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinelli Hamber)
Certified Copies Certificates of Status
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COVER LETTER

~	ration Section on of Corporations			
SUBJECT:	Vaster F Management LLC			
_	Name of Forei	gn Limited Lia	bility Cor	npany
Dear Sir or Ma	adam:			
The enclosed a	application, certificate and fee(s) are submitted	for filing	l.
Please return a	all correspondence concerning th	nis matter to the	e followir	ng:
Olga De Los Sa	ntos			
	Name of Person		_	
Vaster				
	Firm/Company		- -	
1300 Brickell A	venue			
	Address		_	
Miami, Florida	33131			
	City/State and Zip Coc	le	-	
E-mail addr	ess: (to be used for future annua	l report notific	ation)	
For further inf	ormation concerning this matter	, please call:		
Olga De Los Sar	ntos	_at (970-93)	57
	Name of Person	Area Cod	e & Dayt	ime Telephone Number
Regist Divisio P.O. H	Address: ration Section on of Corporations Box 6327 assee, FL 32314		Divisio The Ce 2415 N	ation Section n of Corporations ntre of Taflahassee . Monroe Street, Suite 810 ssee, FL 32303
Enclos ■\$25 Filing F CR2E055 (9/15)	sed is a check for the following fee □ \$30 Filing Fee & Certificate of Status	amount: ☐ \$55 Filing Certified		☐ S60 Filing Fee. Certificate of Status & Certified Copy

2

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)

Name of limited liability Com State: Vaster F Management LI		s on the reco	ds of the Florida	Department of			
Enter new principal office address	s, if applicable:						-
(<u>Principal office address</u> MUST BE A STREET ADDRES	<u>::S</u>)						
Enter new mailing address, if app (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOY</u>					11 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /	2020 DCT +5 P	aurina
2. The Florida document number	of this limited lia	bility compa	ny is: M18000008	3136	in so	- <u>P</u> H -:	
3. Jurisdiction of its organization	Delaware				- H	ည	
4. Date authorized to do business		8					
SECTION II (5-9 complete only	the applicable o	changes)					
5. New name of the limited liabil	ity company: (must	contain "Lit	nited Liability Co	ompany, " "L.L	C'' or	"LLC."	·*)
(If name unavailable, enter alternate copy of the written consent of the must contain "Limited Liability C	managers or mai	aging memb	ers adopting the a	business in Fle alternate name.	orida and The alte	attach rnate n	a ame
6. If amending the registered ager registered agent and/or the new re			ress on our record	ls, enter the na	me of the	<u>e new</u>	
Name of New Registered Agent:	Olga De Los San	tos					
	1300 Brickell Av						
			Enter Florie	la Street Äddre			
	Mia:	mi, Florida	City	Florida .	33131 Zip Co	de	
New Registered Agent's Signatur	e if changing Re	gistered Age	int:		•		
the reby accept the appointment a the provisions of all statutes relat and accept the obligations of my p document is being filed to merely liability company has been notifie	is registered agen ive to the proper position as regista reflect a change i	t and agree and complete ared agent as in the register	o act in fits capa \performance of i provided for in C	ny duties, and Thapter 605, F.	Lam fam S. Or, if	iliar w. this	ith

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	<u>Name</u>	<u>Address</u> <u>Ty</u>	pe of Actio
President	Edgardo Defortuna	1300 Brickell Avenue, Miami, Fl 33131	_ ≣Add
			_ □Rem
ice Pres	Eduardo Imery	1300 Brickell Avenue, Miami, Fl 33131	_ ≣Add
			_ □Rem
			_ □Add
		5 · · · · · · · · · · · · · · · · · · ·	2020 OCT
		HASSEE	-5 - 5 - P
		FL	
			_ □Rem
			_ □Add
aforemention	a certificate, if required; no more the ned amendment(s), duly authentical ander the law of which this entity is	For bythe official having custody of records in the	_ □Rem

Filing Fee: \$25.00