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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

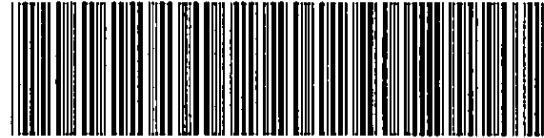
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 NOV 18 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Y. SUKER

ELL 11, 2019



VANILLA AND CINNAMON LLC

1996 J Lawson Blvd
Orlando, FL, 32824
Phone: (407) 300-7287

Subject: Updating Company Information To Whom It May Concern:

We would like to request an update of our company information as it is currently on file with the Florida Department of State.

Following is the old information:

Manager-Member: Joseph Villalba

Manager-Member: Victor Arquiadez

The following information has changed and needs to be updated:

Member: Joseph Villalba **(Remove Joseph from Manager)**

Manager-Member: Victor Arquiadez

If you have any questions regarding the amendment, please feel free to contact us at the number listed below.

Sincerely,

Victor Arquiadez
Co-founder and CEO
407-300-7287

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vanilla and Cinnamon Store 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:

Victor Alfonso Arquidez Aponte
Name of Person

Vanilla and Cinnamon Store LLC
Firm/Company

1996 J Lawson Blvd
Address

Orlando, FL, 32824
City/State and Zip Code

hello@vanillaandcinnamon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Arquidez at (407) 3007287
Name of Person 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

**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: Vanilla and Cinnamon Store LLC

Enter new principal office address, if applicable: 1996 J Lawson Blvd

(Principal office address

MUST BE A STREET ADDRESS)

Orlando, FL, 32824

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: 37-1911125

3. Jurisdiction of its organization: WYOMING

4. Date authorized to do business in Florida: JUNE/01/2019

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

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SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

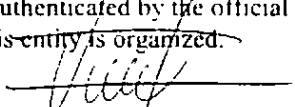
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Remove Joseph Villalba as Manager

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Joseph Villalba	Rua Luis de Camoes 42	<input type="checkbox"/> Add
		1-F Estarreja, Portugal	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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

Victor Arquiadez

Typed or printed name of signee

Filing Fee: \$25.00