

M210000/6706

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IVERTIGO, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

DEC 08 2022

A. LUNT

FILED
CLERK OF COURT
JAN 11 2023
TALLAHASSEE, FLORIDA

2022 DEC -7 AM 11:27

2022 [REDACTED] 2202

COVER LETTER

H22000411538

TO: Registration Section
Division of Corporations

SUBJECT: Vertigo, 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:

Anu Murthy

Name of Person

Vertigo, LLC

Firm/Company

17330 W. Center Road, Suite 110-345

Address

Omaha, NE 68130

City/State and Zip Code

amurthy@vertigoinsurance.com

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

For further information concerning this matter, please call:

Anu Murthy

at (401) 500-1655

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:

- ☐ \$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

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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: Vertigo, LLC

Enter new principal office address, if applicable: 17330 W. Center Road, Suite 110-345

(Principal office address

MUST BE A STREET ADDRESS)

Omaha, NE 68130

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

17330 W. Center Road, Suite 110-345

Omaha, NE 68130

2. The Florida document number of this limited liability company is: M21000016706

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/09/2021

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

5. New name of the limited liability company: Vertigo, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Vertigo I, LLC ***only Florida alternate name being changed***

(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:


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

Luke Yeransian is the sole Manager of the company.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Luke Yeransian	17330 W. Center Road, Suite 110-345	<input checked="" type="checkbox"/> Add
		Omaha, NE 68130	<input type="checkbox"/> Remove
Manager	Luke Yeransian	275 Breezy Loop	<input type="checkbox"/> Add
		Oakland, TN 38060	<input checked="" type="checkbox"/> Remove
Member	Luke Yeransian	275 Breezy Loop	<input type="checkbox"/> Add
		Oakland, TN 38060	<input checked="" type="checkbox"/> Remove
Manager	Odyssey 2012 LLC	17330 W. Center Road, Suite 110-345	<input type="checkbox"/> Add
		Omaha, NE 68130	<input checked="" type="checkbox"/> Remove
Manager	Siddhartha 2012 LLC	17330 W. Center Road, Suite 110-345	<input type="checkbox"/> Add
		Omaha, NE 68130	<input checked="" 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

Luke Yeransian, Manager

 Typed or printed name of signer

Filing Fee: \$25.00