

5/21/2021

L21000042423

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : V & A BUSINESS SOLUTION INC  
Account Number : I20160000021  
Phone : (954)865-6607  
Fax Number : (954)933-2634

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TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INGECIVILIA USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAY 26 2021

A. LUNT

850-617-8381

5/25/2021 10:04:52 AM PAGE 1/001 Fax Server



May 25, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

V & A BUSINESS SOLUTION INC

SUBJECT: INGE CIVILIA USSA LLC  
REF: W21000075634

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Valerie Herring  
Regulatory Specialist III

FAX Aud. #: H21000205064  
Letter Number: 721A00011158

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TALLAHASSEE, FLORIDA

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### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INGECIVILIA USA LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CESAR AUGUSTO PEREZ MORERA  
Name of Person

MGR  
Firm/Company

7431 NW 11CT  
Address

PLANTATION FL 33313  
City/State and Zip Code

v.a.businessolutions@gmail.com  
E-mail address: (to be used for future annual report notification)

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CESAR AUGUSTO PEREZ MORERA      754      214-3275  
 Name of Person      at (      )      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INGECIVILIA USA LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/22/2021 and assigned Florida document number L21000042423

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Blank lines for entering principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Blank lines for entering mailing address.

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B. If amending the registered agent and/or registered office 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:

Blank line for Name of New Registered Agent.

New Registered Office Address:

Blank line for New Registered Office Address.

Enter Florida street address

Blank line for City, Florida, Zip Code.

City

Florida

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

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	SAMARA A. GUTIERREZ G.	19426 SW 25 CT MIRAMAR FL 33029 50%	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	CESAR AUGUSTO PEREZ MORI	19426 SW 25 CT MIRAMAR FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	CESAR AUGUSTO PEREZ M.	19426 SW 25 CT MIRAMAR FL 33029 50%	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

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**D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)***

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TALLAHASSEE, FLORIDA

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**E. Effective date, if other than the date of filing:** MAY 17, 2021 **(optional)**  
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 21, 2021

  
Signature of a member or authorized representative of a member

Cesar E. Perez  
Typed or printed name of signer