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2013 JUL 18 AH 9: 40

J. SAULSBERRY EXAMINER

JUL 19 2013

COVER LETTER

Division of Corporations
SUBJECT: VISS Technology, LLC Name of Limited Adultity Company
. tame of Emmily Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Camille Flores
Name of Person
Kent Security Firm/Company
14600 Biscayne Blvd
<i>y</i> Address
North Miam: Beach, Fl. 3318 E
City/state and Zip Code - C
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\frac{1}{2}$
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

'Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ay, LL	C				
(Name of the Limited Liabilit (A Florida	y Company a Limited Liab	s it now appear: lity Company)	s on our records.)	٠	
The Articles of Organization for this Limited Liability of Florida document number $\angle 12000/134/6$	Company we	re filed on	8/31/12	2 and	assigned	d
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	<u>nited liability</u>	y company here	<u>2</u> :			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited	Liability Compa	ny," the designation	on "LLC" or th	ie abbre	viation
Enter new principal offices address, if applicable:	_			الله الله الله الله الله الله الله الله	يل د	<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)					<u> </u>
Enter new mailing address, if applicable:	-			10 0 PA	MH 9: 40	(**
(Mailing address MAY BE A POST OFFICE BOX)	_			D"		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		e address on o	ur records, <u>en</u>	ter the nam	e of the	e new
Name of New Registered Agent:	Gil N	leuman		, <u> </u>		
New Registered Office Address:	4600 J	Biscayne Ent	Blv L. ter Florida stree	t address		
			<u>h</u> , Florid		181 'ode	
New Registered Agent's Signature, if changing Register						
I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	and complete agent as pro red office ad	e performance	of my duties, ar	nd I am famil	liar with	h and

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
		-	Kelliove
			Add Remove
			Remove
		 	Add ····
			Remove
			Add
			Remove
			Add
			Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ated	7/11 , <u>2013</u> .
	Signature of a member or authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUL 18 AM 9: 40