

L3000111060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

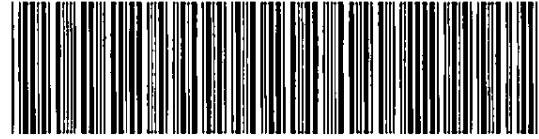
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500319825365

10/22/18--01016--003 \*\*25.00

FILED  
18 OCT 22 PM 12:56

O SIMMONS  
OCT 31 2018

COVER LETTER

TO Registration Section  
Division of Corporations

SUBJECT [REDACTED]

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

INDYARA CATRAMBY ANDION PIQUET

Name of Person

PIQUET LAW FIRM PA

Firm's company

1000 BRICKELL AVENUE, SUITE 200

Address

MIAMI FL 33131

City, State and Zip Code

JASIN@PIQUETLAWFIRM.COM

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

For further information concerning this matter, please call

INDYARA CATRAMBY ANDION PIQUET

786 555 8054

Name of Person

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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VIZKAY II, 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 08/06/2013 and assigned  
Florida document number 113090111060

This amendment is submitted to amend the following

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

N/A

The new name must be distinguishable and contain the words "limited liability company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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>
AMBR	JCL INTERNATIONAL HOLDINGS, LTD. S.A.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		C/O PIGNET LAW FIRM, P.A. 1000 BRICKELL AVE., STE 201 MIAMI, FL 33131	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

13  
 OCT 22 PM 12:56  
 J.P.F.

D. If amending any other information, enter change(s) here: *ADD NEW MEMBERS TO LIST*

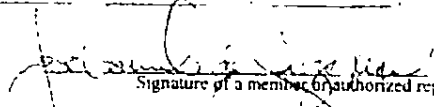
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----

10 OCT 22 PM 12:58  
DEPT

E. Effective date, if other than the date of filing: 10/10/2018 (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 (12) 02071 (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 October 10 2018

  
Signature of a member or authorized representative of a member

JOSE CAMILO DE SOUZA LEAO  
Typed or printed name of signer