

L16000189223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

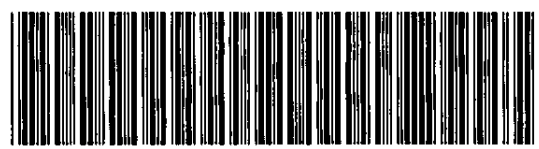
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

O SIMMONS
NOV 16 2016

GARY SILBERMAN, P.A.
OFFICES AT GRAND BAY PLAZA
2665 S. BAYSHORE DRIVE, SUITE 725
COCONUT GROVE, FL 33133
TELEPHONE: 305-285-0377
TELEFAX: 305-285-2325

November 9th, 2016

Via Regular Post Office Service

Department of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment to Virazon, LLC
Our File No.: 16-492

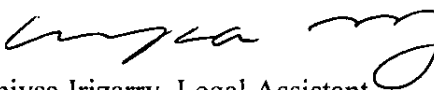
Dear Sir or Madam:

Please find attached the following document to be filed with the Secretary of State:

- 1) Articles of Amendment to Virazon, LLC;
- 2) Our trust account check payable to Division of Corporations in the amount of \$25.00.

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,


Aniysa Irizarry, Legal Assistant

/AI
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Virazon, 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:

Gary Silberman, Esq.
Name of Person

Gary Silberman, P.A
Firm/Company

2665 S. Bayshore Drive, Suite 725
Address

Coconut Grove, FL 33133
City/State and Zip Code

gary@silberman-law.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Gary Silberman, Esq at 305 285-0377
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
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Virazon, 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 10/13/2016 and assigned Florida document number L16000189223.

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) _____

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

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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>
MGR	Pierrette S. Paullier	5008 SW 154th Place	<input type="checkbox"/> Add
		Miami, FL 33185	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pierrette Paullier	5008 SW 154th Place	<input checked="" type="checkbox"/> Add
		Miami, FL 33185	<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

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 CORRECTIONS

F I L E D

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

The manager, Pierrette Paullier does not have a middle initial "S".

This was an error upon filing for the formation of the LLC.

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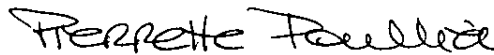
E. Effective date, if other than the date of filing: _____ (optional)

(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 October 18th, 2016



Signature of a member or authorized representative of a member

Pierrette Paullier

Typed or printed name of signer