

L000000015255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

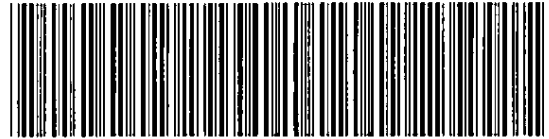
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400418866454

11/15/23--01044--012 \*\*25.00

2023 NOV 13 PM 4:17

*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Envision Fingerprints 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:

Sally DiLucente

Name of Person

Envision Fingerprints

Firm/Company

865 16 Place

Address

Vero Beach, FL 32960

City/State and Zip Code

info@atafingerprints.com

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

For further information concerning this matter, please call:

Sally DiLucente

772 4738760  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Envision Fingerprints

(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 December 4, 2000 and assigned  
Florida document number 1.00000015255.

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:

865 16 Place

**(Principal office address MUST BE A STREET ADDRESS)**

Vero Beach, FL 32960

Enter new mailing address, if applicable:

same as above

**(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>                      |
|--------------|----------------|--------------------------------------|--------------------------------------------|
| MGR          | Lisa Jaramillo | 455 38th Court, Vero Beach, FL 32968 | <input type="checkbox"/> Add               |
|              |                |                                      | <input checked="" type="checkbox"/> Remove |
|              |                |                                      | <input type="checkbox"/> Change            |
| MGR          | Marie Busch    | 6108 Drake St, Jupiter FL 33458      | <input type="checkbox"/> Add               |
|              |                |                                      | <input checked="" type="checkbox"/> Remove |
|              |                |                                      | <input type="checkbox"/> Change            |
| AR           | Lisa Jaramillo | 455 38th Court, Vero Beach, FL 32968 | <input checked="" type="checkbox"/> Add    |
|              |                |                                      | <input type="checkbox"/> Remove            |
|              |                |                                      | <input type="checkbox"/> Change            |
| AR           | Marie Busch    | 6108 Drake St, Jupiter, FL 33458     | <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            |

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

The above members should have been categorized as Authorized Representatives.

**E. Effective date, if other than the date of filing:** 9/25/2023 **(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)*

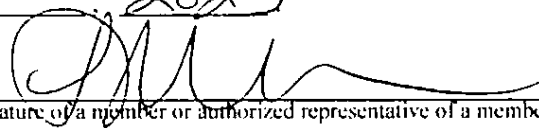
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/2

2023



Signature of a member or authorized representative of a member

Sally DiLucente

Typed or printed name of signee