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12 JUL 24 AHII: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

JUL **25** 2012

**EXAMINER** 

## **COVER LETTER**

,TO: Registration Section Division of Corporations
SUBJECT: VISS 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:
Am IN G. AIEM  Name of Person
Firm/Company
4/88 WESTROADS WESTROADS DR
City/State and Zip Code  1020_001 @ BEUSOUTH. NET ARE
E-mail address: (to be used for future annual report notification)  UNDEPSCORE  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amin G. AllEM at Sen 329-0125 RES Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (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

The 1	4188 LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears or da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L 0 5 0000 C		21-200 and assigned
This amendment is submitted to amend the following	<del>5</del> :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	ODRESS)	
		TAS =
		CRE CRE
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	SEX + LEN
		유취 <b>3</b>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
registered agent and/or the new registered office a	audress nere.	
Name of New Registered Agent:		
New Registered Office Address:	Fintor	Florida street address
	Linei	
_	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 608, 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 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>:

MGR = M MGRM =	lanager Managing Member				
Title	Name		Address	Type of Action	
MGRM	1 Amin	G. AHEM	4/88 WESTROA WEST PALM FL 3:	05 DA # 107 MAdd  BCH.	
<u>ngrm</u>	·KAY	STEPHENSO	N 3320 CAL TALLAHASS 313/	-UMET DR TO Add  EE R TO Remove	
•	<del></del>			Add Remove	
				Add Remove ALLAHAM THE FLED Remove ALLAHAM THE FLED Remove Remove ALLAHAM THE FLED Remove Rem	APPROVED.
		LY - PA	e(s) here: (Attach additional she NSY I, AllEN RESTUICK CIR 1	P m/	)
_ 	MGRM - K ADDRO	AY STEPHE SS LISTER		OWNERSHIP)	
Dated	July	10. 20 Ame	212- n G. Alle	? Pul	_
		Amin	or authorized representative of a m	EM (72% OWNE	·R 5 H/P

Page 2 of 2

Filing Fee: \$25.00