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(Re	equestor's Name)	
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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

J. Shirers JAN 0 8 7075

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

Visib (Name of the Limited	le といいれ I Liability Company as it		records)	<u> </u>
	A Florida Limited Liability		recorus.)	
The Articles of Organization for this Limited Lia	bility Company were	filed on $07/6$	03/2007	and assigned
Florida document number <u>L076000</u>	69 6 67 .		•	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability co	ompany here:		
(RA)				
The new name must be distinguishable and end with the we	ords "Limited Liability Co	mpany," the designation	on "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applical	ble:			· · · · · ·
(Principal office address MUST BE A STREET	'ADDRESS)			
Enter new mailing address, if applicable:			t	
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			-
	,		<u> </u>	1.10-63
			SS	£
B. If amending the registered agent and/o registered agent and/or the new registered offi		ddress on our re	ecords, enter the	pame of the new
				7
Name of New Registered Agent:	James	<u> W. Va</u>	Ne <u>ē</u>	26
New Registered Office Address:	3235	Nw 2 Enter Florida street	9Th Ave	nne_
	Bocal	Laton	Florida 3	3434
	C	ity		ip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			

15

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
MGQM	Dunphy, Ann M	Wellington, FL 33414	<u>C</u> □ Add
		Wellington, FL 33414	KRemove
		· · · / ·	Add
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<u> </u>	
effective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State)	
Tective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State) ted CCM CM CM CM CM CM CM CM CM	

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