

LG8000056531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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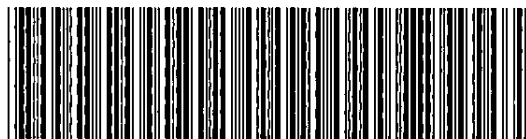
(Business Entity Name)

(Document Number)

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RECEIVED
09 MAR 23 AM 11:10
STATE DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 MAR 23 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
MAR 23 2009
EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Visual Grind LLC

09 MAR 23
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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☒ Art. of Amend. File LLC
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by

Seth 3/20 3:00

Name

Date

Time

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Visual Grind LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/9/2008 and assigned
Florida document number 208000056531

This amendment is submitted to amend the following:

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

Visual Grind LLC

The new name must be distinguishable and end with 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)

424 East Central Blvd
Suite #118 Orlando
FL 32801
424

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

424 East Central Blvd
Suite #118 Orlando
FL 32801

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:

Steve Weiss

New Registered Office Address:

424 East Central Blvd Suite #118
(Enter Florida street address)
Orlando Florida 32801
(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 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.

Steve Weiss

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Eric Fischer	703 Malen Day Drive Orlando FL 32808	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Stephen Weiss	703 Malen Day Drive Orlando FL 32808	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Steve Weiss	424 East Central Blvd Suite #118 Orlando FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Richard Fogle	424 East Central Blvd Suite #118 Orlando FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Steve Weiss
Signature of a member or authorized representative of a member

Steve Weiss
Typed or printed name of signer