

Florida Department of State  
Division of Corporations  
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**L09000030435**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
E.J. VISO, LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

2022 JUN 16 PM 12:41

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2022 JUN 16 PM 5:10  
CLERK OF STATE  
TALLAHASSEE FLORIDA

JUN 17 2022  
T. LEMIEUX

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E.J. VISO, 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 03/30/2009 and assigned Florida document number L09000030635.

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:**

936 SW 1ST AVE, #892

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

Miami, FL 33130

**Enter new mailing address, if applicable:**

c/o Ernesto J Viso L

**(Mailing address MAY BE A POST OFFICE BOX)**

936 SW 1ST AVE, #892

Miami, FL 33130

**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:

Ernesto Jose Viso Lossada

New Registered Office Address:

936 SW 1ST AVE, #892

*Enter Florida street address*

Miami

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.*

/s/ Ernesto Jose Viso Lossada

**If Changing Registered Agent, Signature of New Registered Agent**

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 OF THE STATE OF FLORIDA

**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>
Authorized Representative	Dorr Asset Management LLC		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ernesto Jose Viso Lossada	936 SW 1ST AVE. #892	<input checked="" type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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