L09000077230

(Fo	Requestor's Name)	
(A	Address)	
A)	(ddress)	
(Ĉ	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nam	ne)
(D	Occument Number)	
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

OCT 28 2009

EXAMINER

Office Use Only



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10/26/09--01017--022 **25.00

SECRETARY OF STATE
ALL AHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations by
SUBJECT: Visionary Consulting IIC 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:
Eli Azulay Name of Person
Visionary Consulting by Ell, UC.
11701 Lake Victoria GArdens Drive Suite Address 1107
P.B.G. CL 3340 City/State and Zip Code
City/State and Zip Code Vi Si'01979 E-mail address: (to be used for future annual report notification) (015) Hyp For further information concerning this matter, please call:
For further information concerning this matter, please call:
Name of Person at (561) 722-7760 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &

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

(Name of the Limited Liability Company (A Florida Limited Lia	ting by Eli (() y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>LO900077236</u> .		and assigne	:d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and end with the words "Limited "L.L.C."	ing, UC	.C" or the abbre	 eviation
Enter new principal offices address, if applicable:			<u></u> -
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of th	 e_new
Name of New Registered Agent:		1A S 09	
New Registered Office Address:	Enter Florida street addre	OCT 26 CRETAR LANASS	
	, Florida	770	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	Спу	8: 14	O
I hereby accept the appointment as registered agent and agree	to act in this capacity. I further agre	e to comply w	ith

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 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>	Address	Type of Action		
			Damaya		
					
			—		
	· ·		Add Remove		
			□ Domouo		
			Remove		
D. If am	ending any other information	n, enter change(s) here: (Attach additional sheet	is, if necessary.)		
	10 ct \ \ 22	7 o o C	09 OCT 26 SECRETARY TALLAHASS		
Dated	October 22		He ≥ IT		
		Typed or printed name of signee	nber ORIDA		

Page 2 of 2

Filing Fee: \$25.00