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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	VISAR LLC Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	KERE	Name of Person	<u> </u>
	KEREN	SAPAN, P.A Firm/Company	•
	8043 TU	VIN LAICE DR	ive
	BOCA R	ATON FL 33	196
	E-mail address: (ATON FL 334 City/State and Zip Code KSAPAN LAW. Coto be used for future annual report notific	o W ation)
For further information con	cerning this matter, please ca		
ILEREN Name of P	AD MONI	at (<u>\$61</u>) <u>\$42 -</u> Area Code Daytime T	6728 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

AVISAR , LI	-C		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)		_
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01 13 201	and	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviati	ion "L.L.C."
Enter new principal offices address, if applicable:	7800 CONG	RESS	AUE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 206 BOCA RATON	FL	33498
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	**************************************		 -
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		er the na	me of the new
		1.	70
New Registered Office Address:	Enter Florida street address		
	, Florida		· ·
	City	" Zin'C	'Ada

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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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ne date this document is file	ed by the Florida Depart	ment of State)	date and cannot be more	(optional) than 90 days after
ffective date, if other the effective date must be spine date this document is fill atted	led by the Florida Depart	ment of State)	date and cannot be more	·

Page 3 of 3

Filing Fee: \$25.00