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2011 SEP 26 AH 8: 27

SECRETARY OF STATE

J. SAULSBERRY EXAMINER SEP 28 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: UVISCE IN LC 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:	
Francy Chirinos Name of Person	
TUVISA INFO LLC Firm/Company	
13538 Village Park Dr Ste 225	
Ozlando FL 32837 City/State and Zip Code	٠,
Sign of the second seco	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
For further information concerning this matter, please call: TRANCY Chirings at (407) 715-3314 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 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

(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability		and assigned
		and assigned
Florida document number		
This amendment is submitted to amend the following	• •	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
	/	,
The new name must be distinguishable and end with the vL.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		\ 2 6 8
Principal office address MUST BE A STREET AD	DRESS)	L CR S
		AR R I
		SEE. SEE.
Enter new mailing address, if applicable:		
, 11		CS 4 55
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or/registered agent and/or the new registered office agent. 	gistered office address on our re	ecords, enter the name of the nev
Santor ou agent until of the new registered office at	dui ess nei e.	
N		
Name of New Registered Agent		
New Registered Office Address:		
	Enter Flo	orida street address
_	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.

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 Title <u>Name</u> **Type of Action Address** MGR) Francy Chirinos MGRM HERNAN ARACENA Remove Remove ☐ Add Remove Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9 3 , 201).

Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00