#1/2000016/37

Office Use Only



600250663526



08/23/13--01009--017 **25.00

K.SALY EXAMINER AUG 29 2013

COVER LETTER

Division of Corpor			
SUBJECT:	ual Image	Design Firm,	LC
	Name of Limite	ed Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Yae m	Name of Person	
	Visual I	-mage Design Fir	<u> </u>
		Int Industrial E	
	Дрорка,	H 32703	
-	Mail (E-mail address: (to	City/State and Zip Code CHYC vidfim. Co be used for future annual report notification	on)
For further information cond	cerning this matter, please ca	il:	
Yae m.	Colón	at (301) 248-41	
Name of Pe	erson	Area Code & Daytime Tel	lephone Number
Enclosed is a check for the f	ollowing 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

.	FIL	ED)	
13 AUG	27	PM	3:	,

	OI	<u>:</u>		10 406 27 PM 2
Visual In (Name of the Limited)	lage De	sign fi	rm LLC	TECRETARY OF STATE
The Articles of Organization for this Limited Lia	bility Company	were filed on _	2/12/12	and assigned
Florida document numberLl20000161	137			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company h	<u>ere</u> :	
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	ble:	•		on "LLC" or the abbreviation dustrial Blud 703
		Apopko	i, H 32	703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>!OX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered off			ı our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	2502	ImT In	austrial B Enter Florida stree	108 1 address 1 a 32703
	Apop	Ka	. Florid	a 32703 Zip Code
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address Type	e of Action
MGR	Joel Ramos Cruz	2502 JMT Industria / Blud	Add
			Remove
		Suite 108 Apopla, FL 32703	
			Add
			Remove
			Add
			Remove
			Add
<u> </u>	· · · · · · · · · · · · · · · · · · ·		Remove
			Add
			Remove
			Add
			Remove

If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	·
nted_	30 th day of July 2013
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00