LIACOOIICAGY

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	····
(Cit	y/State/Zip/Phon	e #)
	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900265155609

10/10/14--01004--016 **25.00

2914 OCT 10 PM 1: 06

OCT 14 2014 O. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Vizual Management, LLC

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:

Stephen Hendricks

Name of Person

Vizual Management, LLC

Firm/Company

5035 SW 143rd St.

Address

Starke, Florida 32091

City/State and Zip Code

stephen1nfs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Hendricks

_904_964-7217

Name of Person

Area Code

Daytime 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

Vizual Management, LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L12000116264</u>	Company were filed on Sept. 11, 201	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
New Frontier Sales, LLC		
The new name must be distinguishable and end with the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		55
Enter new mailing address, if applicable:		00
(Mailing address MAY BE A POST OFFICE BOX)		SS 5 7
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, dress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	p , p 11	
	Enter Florida street address	
	, Flor	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		****	Add
		- 	Remov e
			Remove
			□ Add
			□ Remove
		 	□ Add 28 10 PH
		•	Add 06
			☐ Remove
			□ Add
			□ Remove

inective (ate, if other than the date of filing: (optional)
The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
The effective the date this Dated	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) Ctober 7 2014 Signature of a member or authorized representative of a member
The effective the date this Dated	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) Ctober 7 2014

Page 3 of 3

Filing Fee: \$25.00

2014 OCT 10 PM 1: 06