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SECHLIARY OF STATE
ALLAHASSEF FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations

TRUVISH SUBJECT:	BILITY, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	TRUVISIBILITY, LLC		
		Firm/Company	
	2198 NW 3RD AVE		
		Address	
	BOCA RATON, FL 3343	1	
		City/State and Zip Code	
	ANNA.TOPOLKA@GMA E-mail address:	AL.COM (to be used for future annual report not)	fication)
For further information c	concerning this matter, please c	·	
ANNA KOVAL		561 843-731	
		at ()	
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy tadditional copy is enclosed:	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on cations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO - ARTICLES OF ORGANIZATION OF

TRUVISIBILITY, LEC			
(Name of the Limited Lig CA F)	ibility Company as it now ap orida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited Liability Torida document number L13000022064			gned
This amendment is submitted to amend the following	<u>. </u>		
A. If amending name, enter the new name of the	limited liability compan	y here:	
he new name must be distinguishable and contain the words."	*Limited Liability Company,"	the designation "LLC" or the abbreviation "La-	<u></u>
Inter new principal offices address, if applicable:	2198 NW 3	RD AVF	2 -
Principal office address MUST BE A STREET AL	DOM: A D. K.	TON, 33431	S
Enter new mailing address, if applicable:	2198 NW 3	RD AVE	i m i o
Mailing address MAY BE A POST OFFICE BOX	2 BOCA RA	TON, 33431	
3. If amending the registered agent and/or registered agent and/or the new registered office and/or the new registered office and/or the new registered of New Registered Agent:		s on our records, <u>enter the name o</u>	f the nev
New Registered Office Address: 21	98 NW 3RD AVE		
The strength of the strength.	Enter	· Florida street address	
H)CA RATON	Florida 33431	
_	Chy	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 amendin <u>or removec</u>	g Authorized Person(s) authorized ifrom our records:	to manage, enter the title, name, and address of e	ach person being added
MGR = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Annager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANNA KOVAL	2198 NW 3RD AVE	□ Add
		BOCA RATON, FL 33431	■ Remove
	ŀ		□ Change
MGR ALEXANDER KOVAL	ALEXANDER KOVAL	2198 NW 3RD AVE	≡ Add
		BOCA RATON, FL 33431	Remove
			□ Change
AMBR	ANNA KOVAL	2198 NW 3RD AVE	Add
		BOCA RATON, FL 33431	Венюче
			Change
		-	
	ı		□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
		Change	

D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of fili (If an effective date is listed, the date must be specific a	ng:(optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not document's effective date on the Department of	Imeet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective (b) The 90th day after the record is filed	date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated SEPTEMBER I	2017
Dated	
1 Pm	
Signature of	a member or authorized representative of a member
ALEXANDER KOVAL	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00