

43000112278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

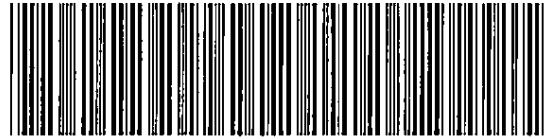
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300338043263

FILING CANCELLED
DUE TO RETURNED CHECK

300338043263
12/17/19--01001--001 **55.00

DEC 16 2019
S. YOUNG

FILED
DEC 16 PM 2:31
TALLAHASSEE, FLORIDA

COVER LETTER

FILING CANCELLED
DUE TO RETURNED CHECKTO: Registration Section
Division of CorporationsSUBJECT: VISAVIS AUTO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KLADI KADRIU
Name of Person

VISAVIS AUTO LLC
Firm/Company

2345 Dennis St.
Address

Jacksonville / FL / 32204
City/State and Zip Code

info @ REDS IMPORTS . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KLADI KADRIU at (904) 708-2004
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILING CANCELLED
DUE TO RETURNED CHECK

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VISAVIS AUTO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
19 DEC 16 PM 2:31
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____
Florida document number L 13000112278.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

N/A

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KLAIDI KADRIU

New Registered Office Address:

Enter Florida street address

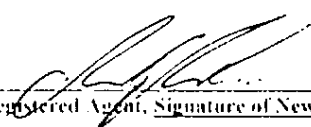
Florida

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

Page 2 of 3

[illegible]

KLADI KADRI
Typed or printed name of signee