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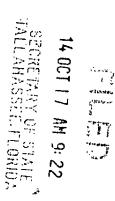
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COVER LETTER

Division of Cor				
Visiotivit	y, LLC	·		
SUBJECT:	` Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Stephanie Moulis			
		Name of Person		
		Firm/Company		
	911 Ocean Drive, Apt 101			
	Juno Beach, FL 334	Address 408		
	paesanollc@gmail.co	City/State and Zip Code		
		to be used for future annual report notifi	cation)	
	oncerning this matter, please ca			
Stephanie Moulis	CD	646 263-2185at ()Area Code Daytime	Telephone Number	
Name o	f Person	Area Code Daytime	Telephone Number	
Particulation should found	C. H			
Enclosed is a check for the \$25.00 Filing Fee	ne following amount: ☐ \$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

AKTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

Visiotivity, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we L14000133318 Florida document number	ere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and end with the words "Limited Liability	y 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of Naw Registered Agent:	e address on our records, <u>er</u>	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	14 OCT
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		Te B IT
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = M			
Title	uthorized Member Name	Address	Type of Action
MGR	Mary H. Moulis	5200 North Ocean Drive, Apt 706	□ Add
		Singer Island, FL 33404	■ Remove
MGR	Mary H. Moulis Revocable	5200 North Ocean Drive, Apt 706	 ■ Add
		Singer Island, FL 33404	□ Remove
			□ Add
		IALLAHÀSS.	□ Add
		SEFEORIOA	= <
			□ Add

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ffective date, if other than the date of filing:	(optional)
the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be most the date this document is filed by the Florida Department of State)	re man 90 days after
October 15 2014	
October 15 2014 Dated	
Signature of a member or authorized representative of a r	nember
Chambania M. Marriia	
Stephanie M. Moulis	

Page 3 of 3

Filing Fee: \$25.00

14 OCT 17 AM 9: 22 SECRETARY OF STATE