# L14000176176

(Re	equestor's Name)	-
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

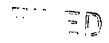
TO:		ition Sect of Corpo			
		ual Flux C	Collective		
SUBJE	CI:		Name of Limi	ited Liability Company	
The enc	losed Arti	icles of A	mendment and fee(s) are subt	mitted for filing.	
Please r	eturn all c	отсярова	dence concerning this matter	to the following:	
			Eddie Scymour		
			Visual Flux Collective	Name of Person	
			1160 NW NORTH RIVER	Firm/Company DR., APT. 16	· · · · · · · · · · · · · · · · · · ·
			Miami, FL 33136	Address	
			ed.seymourll@gmail.com	City/State and Zip Code	······
			E-mail address: (t	to be used for future annual report no	otification)
For furt	her inforn	nation con	cerning this matter, please ca	all:	
Eddie S	eymour			561 531-0131 at ()	
		Name of I	Person	Area Code Days	ime Telephone Number
Enclose	d is a che	ck for the	following amount:		
<b>■ \$</b> 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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



VISUAL FLUX COLLECTIVE, LLC

2819 NOY -7 AH 9: 11

The Articles of Organization for this Limited	Liability Company were filed on 11/13/2014	and assigned
Florida document number £14000176176	<del></del>	
This amendment is submitted to amend the fo	flowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.1C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	SET ADDRESS)	
Enter new mailing address, if applicable:		
	 E BOX)	
	<u> </u>	
	E BOX)	
(Mailing address MAY BE A POST OFFICE		ecords, enter the name of the
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent an	d/or registered office address on our re	cords, enter the name of the
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent an	d/or registered office address on our re office address here:	cords, enter the name of the
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent an	d/or registered office address on our re	cords, enter the name of the
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent an registered agent and/or the new registered  Name of New Registered Agent:	d/or registered office address on our re office address here:	cords, enter the name of the
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on our re office address here: Eddic Seymour	
<del>-</del>	d/or registered office address on our re office address here:  Eddic Seymour  1160 NW NORTH RIVER DR., APT. 16	

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	EDDIE SEYMOUR	1160 NW NORTH RIVER DR., APT. 16 MIAMI, FL 33136	Add
			Remove
		<del> </del>	□ Change
AMBR	FLUX COLLECTIVE LLC	1160 NW NORTH RIVER DR., APT. 16 MIAMI, FL 33136	□ Add
			■ Remove
		-	☐ Change
			Add
		<del> </del>	□ Remove
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		01/01/2020			
Effective	date, if other than the date re date is listed, the date must be sp	of filing:		(optional)	(05 0307
Note: If the	he date is usied, the date must be sp he date inserted in this block do	ecitic and cannot be prior ses not meet the applica	to date of filing of more tble statutory filing re	man 90 days after tiling.) rursu equirements, this date will no	ant to 605,0207 of be listed as
document'	s effective date on the Departn	ent of State's records.			
	d specifies a delayed effe th day after the record is		an effective tim	e, at 12:01 a.m. on th	e earlier of
D-1-1	31st of October	2019	,		
Dated	31st of October	•			
			den	(2)/	
	Signal	ure of a member or author	rised representative of	member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00