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COVER LETTER

SUBJECT:	VISHIO	FORRY & FISHER, PLLC		
SOBSECT.		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspor	ndence concerning this matter	to the following:	
		JAMES R FORRY		
		VISHIO FORRY & FISHE	Name of Person ER, PLLC	
		801 ANCHOR RODE DR	Firm/Company IVE, SUITE 203A	
		NAPLES, FLORIDA 341	Address 03	
		jforry@vishioforry.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For further infor	mation co	neerning this matter, please ca	all:	
JAMES R FORE			239 703-7210 at ())
	Name of	Person	Area Code Day	rtime Telephone Number
Enclosed is a che	eck for the	e following amount:		
■ S25.00 Filing	g 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

TO:

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

VISIIIO FORRY & FISHER,	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.) pany)
he Articles of Organization for this Limited Liability Company were filed of	on SEPTEMBER 1, 2015 and assigned
orida document number 1.15000149610	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
VISHIO FORRY, PLLC	
he new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	. 19
•••	
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
16	
. If amending the registered agent and/or registered office addresses agent and/or the new registered office address here:	
personal and the new vegation to other made east negation	: (3
Name of New Designment Assume	
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er 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

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>	Address	Type of Action
			Add
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Remove
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			□ Change

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	effective date, if other than the date of filing: MAY 1, 2019 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d APRIL 23,2019 Signature of a member or authorized representative of a member
	JAMES R FORRY Typed or printed name of signee

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Filing Fee: \$25.00