15000177139

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Ви	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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SECRETTRY OF STATE ALLAHASSEEL FLORID:

K. SALY EXAMINER MAR 11



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2016

LA VISAGE LLC DANA PROCTER 2615 CALVANO DR. LAND O LAKES, FL 34639

SUBJECT: LA VISAGE LLC Ref. Number: L15000177139

We have received your document for LA VISAGE LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$30.00.

You sent the wrong part of the cashier's check, you sent your copy not the check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 516A00003108





COVER LETTER

SERVICE SERVICE	300., 3	COVERLETTER	™ v.
TO: Registration Sec Division of Corp	tión jagy essentantes es e	COMPE	. '₹',+ :]
SUBJECT:	La Visag	e LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	\square	ina Procter	
		Name of Person Visay & LLC	
	- 261c	Firm/Combany Address	>
	Land	D Lakes FL City/State and Zip Code	34439
	E-mail address: (GEUSMECEUTICAL tolbe used for future annual report notif	sagnal, com
<u></u>	oncerning this matter, please ca	at 314) 40:	3-7503
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
\$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 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

2016 MAR 10 PM 3: 37

MILLAHASSEE FLORIDA

Zip Code

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Oct 19th 2015 and assigned

This amendment is submitted to amend the following:

Florida document number

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 Liabi	ility 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

		. Flóridá	
New Registered Office Address:		Enter Florida street address	
Name of New Registered Agent:			

City

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 = Ma AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
MGR	Dana Procter	2615 Calvano Dr Land O Lakes, FL 346	x (Add
		hance hones, it is to	☐ Remove
	·		☐ Change
			□ Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the sument's effective date on the Department of State's	applicable statutory fili	(option more than 90 days after fi ing requirements, this d	ing.) Pursuant to 605.02
record specifies a delayed effective date,	out not an effective	time, at 12:01 a.ı	m. on the earlier
he 90th day after the record is filed.	1016.	n	
ted February / St.	Make the contract of authorized representation	L	

Page 3 of 3

Filing Fee: \$25.00