16000031457

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(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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D. SCOTT

COVER LETTER

	tion Section , of Corporations	
TA SUBJECT:	RVISIUM LLC	
SUBJECT.	Name of Limited Liability Company	
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.	
Please return all	orrespondence concerning this matter to the following:	
	ANNA M PIETRANGELI	
	Name of Person	
	Firm/Company	
	1742 BALSAM WILLOW TRAIL	
	Address	
	ORLANDO, FLORIDA 32825	+'.o ≒
	City/State and Zip Code	
	AMPIETRANGELI@HOTMAIL.COM	当 第 卫
	E-mail address: (to be used for future annual report notification)	語 28 日
For further inform	ation concerning this matter, please call:	SAN ED
JULIANA MAR	at ()	1 3 46 1 0 8 15
	Name of Person Area Code Daytime Telephone Number	₩ o
Enclosed is a che	k for the following amount:	
■ \$25.00 Filing	Certificate of Status Certified Copy Certificate of Certificate of Certified Copy is enclosed) Certified Copy C	of Status &

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 ÁRTICLES OF ORGANIZATION OF

TARVISION LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records da Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Florida document number L16000031457	Company were filed on 02/15/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	mited 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 ADI	PRESS)	The state of the s
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETAL F
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	171	عاد
	City , F10.	rida 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 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
AMBR	SABRINA J STOPPA	14220 MORNING FROST DR	
		ORLANDO, FLORIDA 32828	■ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			SSCHOOL Removed
			Remove →
			□ Add
			☐ Remove
			☐ Change
			□ Add
,			□ Remove

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date If the date inserted in this block does not meet the applicable state in the date on the Department of State's records.	
ecord specifies a delayed effective date, but not an energy after the record is filed.	effective time, at 12:01 a.m. on the earli
od 09/22/2016,	
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