

L17000039867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/13/17--01037--002 **55.00

FILED
17 APR 25 PM 12:00

O SIMMONS
APR 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2017

SHAKIRA SHUEMBER ***2ND MAILING***
12137 ASHTON MANOR WAY
203/8
ORLANDO, FL 32828

SUBJECT: VISUAL VIEWS LLC
Ref. Number: L17000039867

We have received your document for VISUAL VIEWS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

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

Octavia I Simmons
Regulatory Specialist II

Letter Number: 217A00006657

*I AM ASKING for my name
Mr George Shuember
to be MGR*

*As my daughter Shakira Shuember
is a minor and can not open
Account etc in her name
Bank*

RECEIVED
2017 APR 25 PM 12:44
Division of State
Tallahassee, Florida



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2017

SHAKIRA SHUEMBER
12137 ASHTON MANOR WAY
ORLANDO, FL 32828

SUBJECT: VISUAL VIEWS LLC
Ref. Number: L17000039867

2017 APR -4 PM 2: 12
FILED IN ASST. CLERK
TALLAHASSEE, FLORIDA

We have received your document for VISUAL VIEWS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 417A00005086

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMENDMENT OF MGR NAME
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shakira Shumber / George Shumber
Name of Person

VISUAL VIEW S LLC
Firm/Company

12137 ASHTON MANOR WAY
Address

203/8 ORLANDO FL 32828
City/State and Zip Code

visual.view@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE SHUMBER at (407) 408 8382
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
OF

VISUAL VIEW LLC

(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 3/14/17 and assigned
Florida document number L17000039867

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VISUAL VIEW LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

SAME ADDRESS

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME ADDRESS

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:

Name of New Registered Agent:

GEORGE SHUEMBER

New Registered Office Address:

SAME ADDRESS

Enter Florida street address

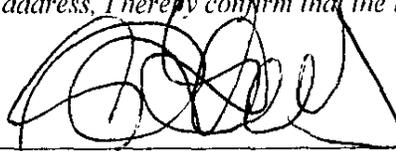
Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GEORGE SHUEBER	SAME ADDRESS	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		SAME ADDRESS	<input type="checkbox"/> Change
MGR	SHAKIRA SHUEBER		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		CS ACCOUNT ASSOCIATE	<input checked="" type="checkbox"/> Change
MGR	SHAKIRA SHUEBER		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DYAL SHUEBER		<input type="checkbox"/> Add
		SAME ADDRESS	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SWOP around
 ⇕

APR 5
 PM 2:00
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MGR IS 11 years old MY DAUGHTER
CHANGE HER TO AMBR OR
ACCOUNT ASSOCIATE (C SHARIKA
SHUEMBER))

PUT ME FATHER (GEORGE SHUEMBER))
TO MGR

17 APR 25 PM 01:00

21 58

E. Effective date, if other than the date of filing: _____ (optional)

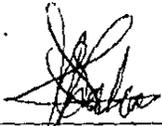
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 3/14/17

Signature of a member or authorized representative of a member

GEORGE SHUEMBER / SHARIKA SHUEMBER
Typed or printed name of signee