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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	
PICK-UP		MAIL
(Bu	isiness Entity Nam	ne)
(Dc	xument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	y



11/16/18--01006--011 \*\*25.00



## **COVER LETTER**

# TO: Registration Section Division of Corporations SUBJECT: VIHMAR AN QLYS'IS BILLING LLC. 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:



For further information concerning this matter, please call:

trank e <u>GUG-0012</u> Daytime Telephone Number at (511 Name of Person Area Code

Enclosed is a check for the following amount:

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 Tałłahassee, FL 32314

### STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF	AMENDMEN I O	
-	O DRGANIZATION	
-		
U	)F	
(Name of the Limited Alability Compa (Name of the Limited Alability Compa (A Florida Limited		
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L1700097530}$ .	were filed on $5 2 17$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		A
		С.
		20V
		·~
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered o	flice address on our records onto	$ \bigcirc$ $\bigcirc$
registered agent and/or the new registered office address her		er the name of the new
	-	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner 1 no kri Sirver dadress	
	Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	ROMIN E Edwards	101 S. SWINTUN Are Apt G	D Add
		Delray Beach, FL 33444	Remove
			Change
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• D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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_	November 13. 2018.
	Signature of a member or authorized representative of a member
	Frank X. Cid
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00