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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VISUAL ELEXXION LLC

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A. LUNT

COVER LETTER

	ivision of Cor					
CUBIECT		LEXXION LLC				
SUBJECT	ı:	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	irn all correspo	ndence concerning this matter	to the following:			
		WALTER GONZALEZ				
			Name of Person			
			Firm/Company		2021 DEC 20	
		EC 20				
	Address					
		DELRAY BEACH, FL 33	446		AM 10: 17	
			City/State and Zip Code		7	
		INFO@HISPANUSA.COM				
Pag 6-41-	·		to be used for future annual report notif	ication)		
		oncerning this matter, please ca				
WALTER	GONZALEZ		718 308-7331 at ()	·		
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed i	s a check for th	ne following amount:				
≣ \$ 25.00	D Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Statu Certified Copy (additional copy is encl		
R D P	Mailing Address Registration S Division of C O.O. Box 632 Callahassee, 1	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations 'allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VISUAL ELEXXION LLC			
(<u>Name of the Limited</u> (A	Linbility Company as it Florida Limited Liability	now appears on our records. Company))
The Articles of Organization for this Limited Liab Florida document number L17000106636 This amendment is submitted to amend the follow	ility Company were f		NOTE OF CARE IN A REPORT O
A. If amending name, enter the new name of th	ne limited liability co	mpany here:	AH IO:
N/A			日 <u>神</u>
The new name must be distinguishable and contain the word	s "Limited Liability Com	pany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: N/A		
(Principal office address MUST BE A STREET	4DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A 		
B. If amending the registered agent and/or registered office address h		s on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		, Floa	
	Cu	タ	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 I'erson(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	LINA M GONZALEZ	8074 LEMON SERPENTINE LN	≅Add
		DELRAY BEACH FL 33446	□Remove
			Change
			□Remove
			Change
			□Add
			Remove
			Change
		<u> </u>	□Add
			Remove
			Change
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on effective date is listed ote: If the date inser- ocument's effective d	ted in this block	does not me	eet the applic	able statuto	ing or more th ory filing req	an 90 days afte uirements, th	r filing.) Pursua is date will no	nt to 605.020 t be listed a
ecord specifies a del	ayed effective da	te, but not a	in effective ti	me, at 12:0	l a.m. on th	e earlier of: (b) The 90th	day after th
is filed.								
DECEMBER 2	0TH	,	2021	<u>.</u> .				
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Filing Fee: \$25.00