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Certificates of Status
Officer:

Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		
		ER SOLUTIONS LLC		
SUBJE	ECT:		ited Liability Company	
The en-	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Julia Greenberg - Aguilar		
			Name of Person	
	•	MyUSAcorporation.com		
		-	Firm/Company	
		1 Radisson Plaza, Ste.800		
			Address	· · · · · · · · · · · · · · · · · · ·
		New Rochelle, NY 10801		
			City/State and Zip Code	
		info@vt-visions.eu		
		E-mail address: ()	to be used for future annual report noti-	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
Julia Greenberg-Aguilar			877- 330-2677	
<u> </u>	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$2 :	5,00 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 tadditional 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

IT MONSTER SOLUTIONS LLC		
(Name of the Limited 1 (A I	iability Company as it now appears on our re lorida Limited Liability Company)	cards.)
The Articles of Organization for this Limited Liabil Florida document number L17000177496		and assigned
This amendment is submitted to amend the following		18 13 18 13
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable		<u> </u>
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
_		, 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>	Address	Type of Action
AMBR	VT VISIONS UG	IM Kleinfeld 14, Bruchsal, Germar	
			■ Remove
			□ Change
AMBR	TOBIAS HANSELER	Ferrachstrasse 49, Ruti, SWITZER	B Add
			□ Remove
			Change
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(If an effective dat Note: If the dat	, if other than the dat e is listed, the date must be ate inserted in this block d ective date on the Depar	specific and cannot be pri does not meet the appl	icable statute	ing or more than 90 ry filing requiren	(optional) days after filing.) nents, this date v	Pursuant to 605.6 /ill not be listed	0207 (3)(b d as the
	ecifies a delayed eff lay after the record		not an effe	ctive time, at	12:01 a.m. o	n the earlie	r of:
Dated	per 5th	2017	·				
	Il Hailr Sign						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00