118000050540

(Req	uestor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp			·
C110 112	Visiting Pa	rk Association Information &	Fundraising, LLC.	
SUBJEC		Name of Lim	ned Liability Company	
The encl	osed Articles of .	Amendment and feets) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Carlos Licea		
			Name of Person	
			Firm/Company	
		4145 White Pine Avenue	9	©elephone Number □ \$60.00 Filing Fee, Certificate of Status & Certified Copy
			Address	
		Orlando, Florida 32811		
		VPA4U@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	ner information c	oncerning this matter, please ca	all:	
Carlos	Licea		407 718-9489 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	31411	INC AMBRESS	STREET/COURT	FR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Visiting Park Association Information	
(Name of the Limited) (A I	Jability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document numberL18000050540	lity Company were tiled on February 26, 2018 and assigned
This amendment is submitted to amend the followi	ng;
A. If amending name, enter the new name of th	e limited liability company here:
Visiting Park Association, Information & Support S	Services, "LLC"
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 applicabl	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our records, enter the name of the nev
New Registered Street Findress.	Enter Florida street address 🔀 🔀
_	
New Registered Agent's Signature, if changing Regi	City istered Agent:
provisions of all statutes relative to the proper of accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to conside with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, in the document is istered office address. I hereby confirm that the limed liable syinge.
	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
			Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
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ffective date, if of	ther than the date of	June 20th,	2018	(optional)	
Sote: If the date ins	ted, the date must be specificated in this block does addedon the Department	not meet the applica	o date of filing or more the ble statutory filing rec	nan 90 days after filing.) I juirements, this date w	Pursuant to 605.0207 ill not be listed as
e record specific The 90th day a	es a delayed effecti ofter the record is f	ive date, but not iled.	an effective time	e, at 12:01 a.m. o	
	41				MASSEE, FLO
Dated June	20'0	<u>3018</u>			SEE .
//					<u>'</u> '

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00