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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nar	me)
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(00	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Eiling Officer	
Special instructions to	riling Officer.	
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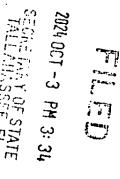




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10/03/24--01016--007 **25.00

10/2.1/24



COVER LETTER

TO:

Registration Section

DIVISION	or Corp	orations		
VIZ. SUBJECT:	a law	LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed Artic	cles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all co	orrespon	dence concerning this matter	to the following:	
		VICTOR L. ZAMORA JR		
			Name of Person	
		VIZA LAW		
			Firm/Company	
		2106 W. CASS ST.		
			Address	
		TAMPA, FL 33606		
		V2.1.60D 4 QV12.1.4.WE	City/State and Zip Code	
		VZAMORA@VIZALAWF	to be used for future annual report notification)	
For further inform	ation co	ncerning this matter, please ca		
VICTOR L. ZAM	IORA JE	₹.	813 470-0766	
	Name of	Person	at () Area Code Daytime Telephone N	umber
Enclosed is a chec	k for the	following amount:		
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee, rificate of Status & rified Copy litional copy is enclosed)
P.O. Bo	ation Se n of Co ox 6327	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	2024 OCT -3 PH 3 SECHLINSY OF STALLAHASSEE,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VIZA LAW LLC			
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Lia lorida document number	ability Company	were filed on $\frac{05/21/20}{}$	and assigned
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
VIZA LAW PLLC			
he new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	2106 W. CASS ST.	
Principal office address MUST BE A STREET		TAMPA, FL 33606	-
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u>	<u>80X)</u>	2106 W. CASS ST. TAMPA, FL 33606	
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	~	address on our records	i, enter the name of the new regist
	2106 W. CASS	CT	
New Registered Office Address:	2100 W. CASS	Enter Florida stre	et address
	TAMPA		, Florida 33606
		City	Zip Code
ew Registered Agent's Signature, if changing R	egistered Agent:		
hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registering filed to merely reflect a change in the re-	r and complete tered agent as p	performance of my du provided for in Chapte	uties, and I am familiand with and er 605, F.S. Of if this Hocument,

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited leapility

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
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			□Add
		TALLAHASSEE, FL	Remove
		FL FL	
			□ Change

The business address needed	I to be changed from 1924	4 W. Dr. Martin Lut	her King Jr. Blvd. Tam	pa, FL 33607 to
reflect our new and permane	nt location on 2106 W. C	Cass St. Tampa, FL 3	3606.	- "
	-			
		············		
				
		<u>-</u>		
ive date, if other than the	e date of filing:	024	(option	ıal)
fective date is listed, the date must If the date inserted in this bl				
nent's effective date on the D				
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d specifies a delayed effectiveled.	re date, but not an effective	ve time, at 12:01 a.n	i. on the earner of: (b)	The 90th day and
9/27/24	2024			- Σ Α Δ
	-/	·		PR SEES
				3: 3: STAT E. FL

Filing Fee: \$25.00