## N8000139534

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, ,
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SECRETARY OF STATE

## **COVER LETTER**

	Registration Se Division of Cor			
eun ie c	****	l Solutions LLC.		
SUBJEC	,1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		Thomas Stenger		
			Name of Person	<del></del>
		Viz Tactical Solutions LLG	3.	
			Firm/Company	<del></del>
		1701 SW 2 AVE		
		<del></del>	Address	<del></del>
		POMPANO BEACH, FL.	33060	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		viztactical@gmail.com	to be used for future annual report noti	Gastian)
For furth	er information c	oncerning this matter, please c	·	neation)
Thomas	Stenger		954 501-8337	
Name of Person			at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.6	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 (additional copy is enclosed)
	Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	

TO:

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stengard services LLC.						
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		-		
The Articles of Organization for this Limited I	Liability Company	were filed on May 24, 2018	and	assigned		
Florida document number 118000129834						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
Viz Tactical Solutions LLC.						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation	"L.L.C."		
Enter new principal offices address, if appli	1701 SW 2 AVE					
(Principal office address MUST BE A STRE	cipal office address MUST BE A STREET ADDRESS)  POMPANO BEACH, FL 33060					
			<del></del>	<del></del>		
Enter new mailing address, if applicable:		1701 SW 2 AVE				
(Mailing address MAY BE A POST OFFICE	E BOX)	POMPANO BEACH, FL 33060				
B. If amending the registered agent and/or agent and/or the new registered office addr	E-	address on our records, enter the r	name of the	new registe		
Name of New Registered Agent:	Thomas Stenge	er	CRETAR AHAS	001 2		
New Registered Office Address:	1701 SW 2 AV	<u> </u>	SSEE.	8		
	POMPANO BI	Enter Florida street address  EACH, Florida	[33060] [33060]			
		City	935 Co	de <b>.F</b>		

## 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 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>	Name	Address	Type of Action
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			□Remove
			Change
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ective date, if other than	the date of fi	ling:			(option	ıal)	
reffective date is listed, the date	must be specific	and cannot be pr			90 days after fi	ling.) Pursuant to	
te: If the date inserted in the cument's effective date on the				ry filing requi	rements, this c	late will not be	listed as
cord specifies a delayed effe	etive date but	not an offective	n time at 12:C	Lam on the	parliar of: (b)	The Ofth day	ufter the
is filed.	mve date, out	not an encenve	z (filic, at 12,0	t a,m. on the t	carner or, (b)	The 30th day	arter the
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	Signature o	of a member of a	thorized repres	entative of a me	mber		_

Filing Fee: \$25.00