4417 2020

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPANY COMBO, LLC

Account Number: I20160000033 Phone : (866)428-2030 Fax Number : (407)308-0481

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

D 1	Address:			
MMAII	ACCTESS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IVS INTERNATIONAL VISA SERVICE LLC

Certificate of Status	0
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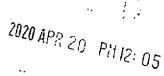
APR 2 1 2020

To: Page 1 of 5

COVER LETTER

TO:	Registration Sec Division of Corp		•	•
CUDI		NATIONAL VISA SERVICE	LLC	
SUBJE	.U.1:	Nume of Lim	ated Liability Company	
The end	closed Articles of S	Amendment and fee(s) are sub	mitted for filling.	
Please	return all correspor	ndence concerning this matter	to the following	
		ANGELO DAVID VALE:	NZUELA DELLA CONSTANZA	
			Name of Person	
		IVS INTERNATIONAL V	ISA SERVICE LLC	
			Firm/Company	
		2815 DIRECTORS ROW STE 100 OFFICE 657		
			Address	
		ORLANDO, FL, 32809		
		INFO@COMPANYCOMB	City/State and Zip Code	
			to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	all:	
LUIS A	ANDRES PEREZ !	MONTES	866 4282030 ar ()	
	Name of	Person		Telephone Number
Enclose	ed is a check for the	e following amount:		
Γ	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
HECEME	Mailing Address: Registration Section Styliston of Corporations (E). Box 6327 Eatlahassee, Fl. 32314		Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



	.,		
IVS INTERNATIONAL VISA SERVICE LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000150255</u> .	were filed on $\frac{06/19/2018}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L L.C."		
Enter new principal offices address, if applicable:	2815 DIRECTORS ROW STE 100 OFFICE 657		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL, 32809		
Enter new mailing address, if applicable:	2815 DIRECTORS ROW STE 100 OFFICE 657		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL, 32809		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new reg</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florada street address		
	pater rioriud sneet daares		

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 ond 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. Thereby confirm that the limited liability company has been notified in writing of this change.

 $Cn\nu$

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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		2020 _{A!}	PR 20 PH 12: 05
<u>Title</u>	Name	Address	Type of Action
			, □Add
			□Remove
		<u></u>	□Change
			□Remove
			☐ Change
			□Add
			☐ Change
			□Remove
			☐ Change
			□ Add
			□Remove
			
			□Add
			□ Remove
			□ Change

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. If amen	ling any other information, enter change(s) here: (Attach addition of the sheets, if necessary.)
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(If an offec Note: It	the date, if other than the date of filing: (optional) (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he reco The S	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	
	Signature of a member or authorized representative of a member
	ANGELO DAVID VALENZUELA DELLA CONSTANZA
	Typed or printed name of signee

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Filing Fee: \$25.00