Riorida Department of State 3

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

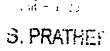
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Enter the email address for this business entity to be used for future_ annual report mailings. Enter only one email address please.

c: I	Address:			
P171/4 1	MURITURES:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VISART, L.L.C.

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TO: Registration Section

COVER LETTER

Div	ision of Corp	porations				
64100 482 57 F.	VISART, L.L.C. Name of Limited Liability Company					
SUBJECT:						
The enclosed	I Articles of A	Amendment and fee(s) are subt	nitted for filing.			
Please return	all correspor	ndence concerning this matter t	o the following:			
		OLGA SHUSHARINA				
			Nume of Person			
		VISART, L.L.C.				
		·	Firm/Company			
	•					
		Address SUNNY ISLES BEACH, FL 33160				
			City/State and Zip Code			
		E-mail address: (1	o be used for future annual report notifi	cation)		
For further i	nformation co	oncorning this matter, please co	di:			
	Name of	Person	at ()	Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00	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)		
		ING ADDRESS:	STREET/COURII Registration Section			

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

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

8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF		988
VISART, L.L.C.			828
(Name of the Limit	ed Linbility Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	955 3 M
The Articles of Organization for this Limited Li Florida document number	·	01/25/2019	and assigned
A. If amending name, enter the new name of	f the limited liability company h	ere:	
The new name must be distinguishable and contain the we be the new principal offices address, if applied the interpolation of the inter	able:	lesignation "LLC" or the	abbreviation "L.1C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered or	or registered office address of office address berg:	n our records, ent	er the name of the new
Name of New Registered Agent:	OLGA SHUSHARINA		
New Registered Office Address:	16909 N BAY RD 409	it now appears on our records. In the designation "LLC" or the abbreviation "L.L.C." Company," the designation "LLC" or the abbreviation "L.L.C." and assigned company," the designation "LLC" or the abbreviation "L.L.C." and assigned company," the designation "LLC" or the abbreviation "L.L.C." Enter Florida street address	
	SUNNY ISLES BEACH		33160
		, Florida	2ip 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 heing 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	OLGA SHUSHARINA	16909 N BAY RD 409	
	-	SUNNY ISLES BEACH, FL 33160	□ Remove
			Change
			D Add
			Remove
			Change
			□ Add
			☐ Remove
			Cl Change
			Remove
			Change
			
			Remove
			☐ Change
			□ Add
			Remove
			☐ Change

·				
	<u> </u>			
				
				
Note: If the date i	other than the date of filin listed, the date must be specific and inserted in this block does not not ive date on the Department of S	g: I cannot be prior to date of filing or more the applicable statutory filing required is records.	nan 90 days after filing.) Puri juirements, this date will	suant to 605.0207 not be listed as
	Ifles a delayed effective of	date, but not an effective time	, at 12:01 a.m. on t	the earlier of
The 90th day	after the record is filed.			
Dated	FEBRUARY 12	2019		
		2 86 1		~
	Signature of a	plember or authorized representative of a	member 35	<u></u>
	2.6			:: EB : ;
		OLGA SHUSHARINA Typed or printed name of signee		— <u>~</u>
		Chora or hermon manner on selection	A SS	-
		Page 3 of 3	.चा ६.च १.घ	
		Filing Fee: \$25.00		38