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## **COVER LETTER**

Division of Co			
VISBY GR SUBJECT:	ROUP LLC		
J011015C11		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MIRALPEIX, JACOB RO	VIRA	
	VISBY GROUP LLC	Name of Person	<del></del>
	2280 W OAKLAND PAR	Firm/Company K BLVD, SUITE 225C	
	OAKLAND PARK, FL 33	Address 311	<del></del>
	INFO@US,OFFICE201.NE		
For further information c	E-mail address: ( concerning this matter, please ea	to be used for luture annual report notit all:	ication)
RICHARD BERTOSSA		507 4910380 at ()	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ S25.00 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 tadditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 66/17/2019 and assigned Florida document number	(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address, if applicable:  (Mailing address, MAY BE A POST OFFICE BOX)  Enter new mailing the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florada street address	The Articles of Organization for this Limited Liability Company	were filed on 06/17/2019	and assigned	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" and the manner must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" and the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" and the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" and the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the designation "LLC" or the abbreviation	This amendment is submitted to amend the following:			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Enter new mailing the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florada street address	A. If amending name, enter the new name of the limited liab	ility company here:		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Enter new mailing the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florada street address			r.	2) 12
### CPrincipal office address MUST BE A STREET ADDRESS)    OAKLAND PARK, FL 33311	The new name must be distinguishable and contain the words "Lamited Liabi	lity Company," the designation "LLC" or the abhi	••	٠ ا
Enter new mailing address, if applicable:  2880W OAKLAND PARK BLVD  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florada street address  Florida	Enter new principal offices address, if applicable:	2880W OAKLAND PARK BLVD		=5
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:	(Principal office address MUST BE A STREET ADDRESS)	SUITE 225C		 اں
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)    SUITE 225C     OAKLAND PARK, FL 33311     B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:     New Registered Office Address:     Enter Florida street address		OAKLAND PARK, FL 33311		-;·
DAKLAND PARK, FL 33311  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	Enter new mailing address, if applicable:	2880W OAKLAND PARK BLVD	* 4	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	(Mailing address MAY BE A POST OFFICE BOX)	SUITE 225C		1
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		OAKLAND PARK, FL 33311		
, Florida	registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>e</u> :	he name of the n	ew
	<del></del>		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

VICDA CDAMED LLC

I hereby accept the appointment as registered agent and agree to act in this capacity, I finther 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 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

Title	Name MIRALPEIX, JACOB ROVIRA	Address 2880W OAKLAND PARK BLVD	Type of Action
MGR			D Add
		SUITE 225C	☐ Remove
		OAKLAND PARK, FL 33311	_ <b>=</b> Change
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this ble locument's effective date on the De	, be specific and ca ock does not med	innot be prior to et the applicab	date of ming o	r more than 90 day	(optional) s after filing.) Pursu s, this date will n	iant to 605,020 of be listed a
e record specifies a delayed The 90th day after the reco		te, but not	an effectiv	e time, at 12	:01 a.m. on th	ne earlier (
10/08 Dated	<del></del>	2019	. ,	1	1	
			/1	/		
	Signature of a mer	<del>. ,</del>		un/	2	

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