(Requestor's Name) (Address) (Address)	500344939115	
(City/State/Zip/Phone #)	05/26/2001025030 <b>**</b> 30.00	
ertified Copies Certificates of Status	2020 F 26 PH 5: 39	
Office Use Only		

<b>с</b> і	· ,	COVER LETTER
TO:	Registration Section	COVER LETTER
10.	Neglan auon beenon	

Division of Corporations

VISTALUX CONSULTING LLC

SUBJECT: \_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO URGILES

Name of Person

LIBERY TAX SERVICE

Firm/Company

8226 GRIFFIN RD

Address

DAVIE FL. 33328

City/State and Zip Code

OMGNASSOCIATES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO URGILES 954 607-1100 at (\_\_\_\_\_) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

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

. .. . . 

			2020 M 111 (	26 Pi1	5: 39
VISTALUX CONSU					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appe .iability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	04/05/2019	and as	signed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	<u>ility company l</u>	<u>iere</u> :			
VISTA PROPERTY MANAGEMENT SOLUT	TIONS LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or	the abbreviation "L	.IC."	-
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					_
	<u> </u>				-
Enter new mailing address, if applicable:	2618 COLLI	NS AVE			
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 228				
	MIAMI BEAG	CH, FL. 33140			-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our	records, <u>enter the</u>	<u>name of the ne</u>	<u>w regist</u>	<u>ered</u>
Name of New Registered Agent:					_
New Registered Office Address:					-

Enter Florida street address

. Florida \_\_\_\_\_\_ Zip 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

• • • •

<u>Title</u>	Name	Address	Type of Action
		N/A	□Add
			🛛 Change
<u> </u>	<u> </u>		🗋 Add
			🗆 Add
		·	
			Change
			🗆 🖂 🖂 🖓
		- <u></u>	🗇 Change
	<u> </u>		🗆 Add
			Change
			🗆 Add
			□Change

## N/A

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

MAY 19		
	/////6	
	Signature of a member or authorized representative of a member	
	ALEXANDRA MACH	
<u></u>	Typed or printed name of signee	