

L19 000 242906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

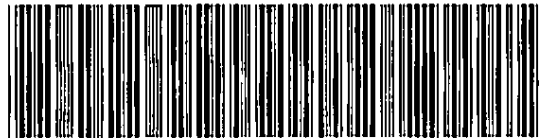
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300370879513

2021 AUG -2 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

8/13/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VISIONARY LLC

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:

Hernan Jimenez Alvarez

Name of Person

Vissionary LLC

Firm/Company

2403 Brigadoon Dr

Address

Clearwater, FL 33759

City/State and Zip Code

visionaryllc2019@gmail.com

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

FILED
2021 AUG -2 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ashley Chestaro Vasquez

787
at (_____) _____
Area Code

3675502

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

Vissionary 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 were filed on 09/26/2019 and assigned
Florida document number L19000242906.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Problem Dissolver, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2403 Brigadoon Dr, Clearwater, FL, 33759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2403 Brigadoon Dr, Clearwater, FL, 33759

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:

Hernan Javier Jimenez Alvarez

New Registered Office Address:

2403 Brigadoon Dr

Enter Florida street address

Clearwater

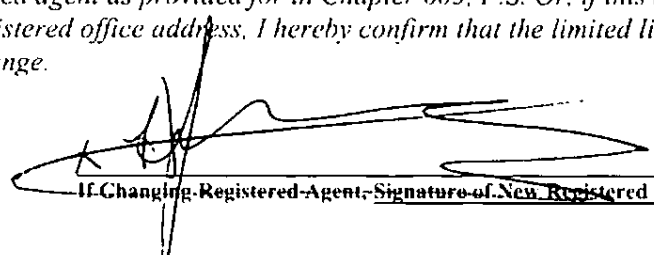
City

Florida 33759

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.


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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|---|--|
| MGR | HERNAN JIMENEZ ALVAREZ | 2403 BRIGADOON DR. CLEARWATER, FL 33759 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | ASHLEY CHESTARO VASQUEZ | 2403 BRIGADOON DR. CLEARWATER, FL 33759 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

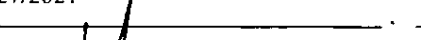
FILED
 2021 AUG -20 PM 2:13
 SECRETARY OF STATE
 TALLAHASSEE, FL

2021 AUG -2 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 AUG -2 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 07/27/2021 4:30 PM


Signature of a member or authorized representative of a member

HERNAN JIMENEZ ALVAREZ
Typed or printed name of signee

Filing Fee: \$25.00