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COVER LETTER

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CHD IECT.	NAVISGO	D LLC DBA NAVISYO	•	•	
SUBJECT:		Name of Lim	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:		
		Ņ	ALEXANDRE GUIGNARD		
	Name of Person				
NAVISGO ELC DBA NAVISYO					
Firm/Company					
	1114 SW 113 WAY				
	Address				
	PEMBROKE PINES, FLORIDA 330025				
			City/State and Zip Code		
		ř	NLEXANDER@NAVISYO.COM		
		E-mail address: (to be used for future annual report notif	ication)	
For further in	iformation c	oncerning this matter, please ca	all:		
	PATRIC	K MOYAL	954 3943930 at ()	0	
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	ne following amount:			
□ \$25.00 F	îling 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)	
	ling Addres		Street Address:	uton	
-	gistration S vision of C	Section Corporations	Registration Sec Division of Corp		
). Box 632		The Centre of Ta		
Tal	lahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAVISC	GO LLC DBA NAVISYO	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on APRIL 23, 2020	and assigned
orida document numberL20000112092	·	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
NAVISYO LLC		~
e new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		NER CREI
rincipal office address MUST BE A STREET ADD	ORESS)	22
	<u> </u>	<u> </u>
nter new mailing address, if applicable:		<u> </u>
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registere ent and/or the new registered office address here:		name of the new registe
-		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	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 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
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			□Remove
			□ Add
			□Remove
			□Change
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			Remove
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ective date, if other than the da	te of filing:		(optional)	
reffective date is listed, the date must be	specific and cannot be prior to	date of filing or more th	an 90 days after filing.) Purs	suant to 605.020
te: If the date inserted in this block cument's effective date on the Depart		ole statutory liting req	uirements, this date will i	not be listed a
ecord specifies a delayed effective da is filed.	ite, but not an effective tim	ne, at 12:01 a.m. on the	e earlier of: (b) The 90t	h day after the
	2021	f 111		
SEPTEMBER 05		- ///		

. . . .

Filing Fee: \$25.00