

L20 000391059

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2021 FEB -5 PM 6:27

SECRETARY OF STATE
TALLAHASSEE, FL

3/26/21

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Aerial5 Visual Solutions LLC
Name of Limited Liability Company

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

use return all correspondence concerning this matter to the following:

Kimberly Kubacz
Name of Person
Aerial5 Visual Solutions, LLC
Firm/Company
7018 NW 39th St
Address
Coral Springs, FL 33065
City/State and Zip Code
KimKubacz@yahoo.com
E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

Kim Kubacz at (754) 779-4883
Name of Person Area Code Daytime Telephone Number

losed 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

FILED

Aerial 5 Visual Solutions LLC

2021 FEB -5 PM 6:27

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/15/20 and assigned
Florida document number C20000391059.

This amendment is submitted to amend the following:

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

N/A

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

* This was misspelled on
my form

7018 NW 39th St
Coral Springs FL 33065

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

7018 NW 39th St
Coral Springs, FL 33065

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A, Florida N/A
City Zip Code

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Kimberly L. Kulacz	7018 NW 39th St Coral Springs, FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove KR
MBR	Keith Kulacz	7018 NW 39th St. Coral Springs, FL 33065	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change KR
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 2/1, 2021

Signature of a member or authorized representative of a member

KEITH KULACZ

Typed or printed name of signee

Filing Fee: \$25.00