

121000332832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

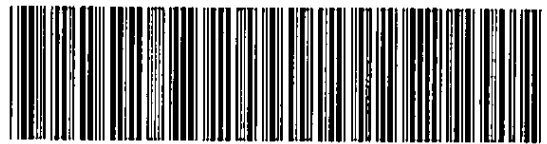
(Business Entity Name)

(Document Number)

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ISSUED 12/10/11

12/10/11 10:11:45

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IN VISA 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:

MARIA LORENA ROJAS

Name of Person

ELITE PREMIUM INC

Firm/Company

9445 SW 40 STREET, SUITE 108

Address

MIAMI, FLORIDA 33165

City/State and Zip Code

PREMIUMADVISER@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA LORENA ROJAS

305

804-4428

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**

IN VISA 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 07/22/2021 and assigned
Florida document number 1.21000332832.

This amendment is submitted to amend the following:

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

IN VISA 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:

314 HICKORY ST

(Principal office address MUST BE A STREET ADDRESS)

New Smyrna Beach, Florida 33168

Enter new mailing address, if applicable:

9445 SW 40 STREET, SUITE 108

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33165

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:

ELITE PREMIUM INC

New Registered Office Address:

9445 SW 40 STREET, SUITE 108

Enter Florida street address

MIAMI

City

Florida 33165

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>
AMBR	JENNIFER VELASCO	CALLE 30A # 79-32, OFICINA 105	<input type="checkbox"/> Add
		BELEN LA PALMA	<input type="checkbox"/> Remove
		MEDELLIN, COLOMBIA 50026	<input checked="" type="checkbox"/> Change
MGR	ANDRES FELIPE MUNERA	CALLE 30A # 79-32, OFICINA 105	<input type="checkbox"/> Add
		BELEN LA PALMA	<input type="checkbox"/> Remove
		MEDELLIN, COLOMBIA 50026	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ARTICLE III

Firm of consultants for the advice and processing of visas and preparation of forms.

Any and Lawful Business.

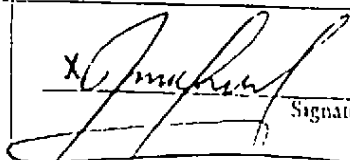
E. Effective date, if other than the date of filing: 08/02/2021

(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

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.

Dated 08/02 2021



Signature of a member or authorized representative of a member

JENNIFER VELASCO

Typed or printed name of signee