121000372102

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. MATTHEWS MAR 10 2022

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	VISORY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
Division of Corporations Intellivisory LLC			
Please return all corresp	oondence concerning this matter	to the following:	
	Francis Ladeira		
		Name of Person	
		Firm/Company	
	19901 E COUNTRY CLU	B DR APT 2102	
		Address	
	Aventura, FL 33180		
		•	
For further information		`	neation)
Francis Ladeira			
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			•
_		-	
P.O. Box 63	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTELLIVISORY LLC

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INTELLITISON FELC		
(Name of the Limited (A	Liability Company as it now appears on our rec Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab Florida document number L21000372102		21 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	DX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address I		ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	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
MGR	FRANCIS LADEIRA	21205 NE 37th Ave. Apt 22022	□ Add
		Aventura, FL 33180	■Remove
			□Change
			🗀 Add
			□Remove
			□Change
			Remove
			DChange
		□Add	
			□Remove
			□Change
			
			Remove
			□Change
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EfTect	ive date, if other than the date of filing:(optional)	
If an eff Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursi If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r	uant to 605,0207 (
docum	nent's effective date on the Department of State's records.	iot de fisica as i
e recor	rd 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
Dated	February 09 2021	
	Janas Jadin	
	Signature of a member or authorized representative of a member	
	FRANCIS LADEIRA	

Filing Fee: \$25.00