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C/ 8/27/2022

## COVER LETTER

TO:

**Registration Section** Division of Corporations

VISUAL P	STELLIGENCE PARTNERS (	OF FLORIDA, LLC	
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:	
	ERIC N. APPLETON		
		Name of Person	
	APPLETON REISS, PLLC	-	
	<u></u>	Firm/Company	<del></del>
	215 N. HOWARD AVEN	UE, STE. 200	
		Address	
	TAMPA, FL 33606		
		City/State and Zip Code	
	eappleton@appletonreiss.co	om	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ERIC N. APPLETON		813 542-8888	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne 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 : Division of C P.O. Box 632	Section Forporations 27	Street Address: Registration Se Division of Co The Centre of T	rporations Fallahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 13 AN 10: 35

VISUAL INTELLIGENCE PARTNERS OF FLORIDA, 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 Comp Florida document number $\frac{L22000225299}{L22000225299}$ .	oany were filed on 05/13/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records	, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	rt address
	City	Florida

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	ERIC N. APPLETON	215 N. HOWARD AVENUE, STE. 200	
		TAMPA, FL 33606	□Remove
			■Change
			□Add
			Remove
		□ Add	
			□Remove
			□Change
			□Add
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Note:	ve date, if other than the date of filing:
ecord is fil	
Dated	Luce, 2022.
	Signature of a member or authorized representative of a member
	ERIC N. APPLETON

Typed or printed name of signee