## L22000281407

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

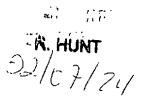
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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

COUMENT NUMBER  **PLEASE FILE THE ATTACHED AND RETU  XXX Plain Copy Certified Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABO  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICAT  DUNTRY OF DESTINATION UMBER OF CERTIFICATES REQUESTED  DOTAL OWED \$25.00  ACCOUNT	⇔WALK i
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Vease call Tina at the above number for any issues or concerns	,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Visauty LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000281407	were filed on 2022-06-21	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		·-	
Enter new mailing address, if applicable:		99 	
(Mailing address MAY BE A POST OFFICE BOX)			
		•	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered	
Name of New Registered Agent:			
		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street	address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dut provided for in Chapter	ies, and I am familiar with and 6605, F.S. Or, if this document is	

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>	Name	Address	Type of Action
AMBR	Ryan Garrison	4423 Southeast 14th Place	<b>≅</b> Add
		Cape Coral, FL 33904	□Remove
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te: If the date inserted in this blo	be specific and cannot be prior to date of filing on the contract the applicable statutory for the contract of		
cument's effective date on the De	partment of State's records.		
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/s/ JENSEN, N	4 A I 1N		

Filing Fee: \$25.00