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(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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Office Use Only



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## **COVER LETTER**

• División of Cor		•	•
Nisa Marke SUBJECT:	eting LLC		•
SCUIICT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Anthony Morales		
		Name of Person	
	MyUSACorporation.com		
		Firm Company	+
	1 Radisson Plaza, Suite 800		
		Address	
	New Rochelle, NY 10801		
		City State and Zip Code	
	info@myusacorporation.com		7.01
	E-mail address; (to	be used for future annual report notific	ation) = F
For further information c	oncerning this matter, please cal	l:	C 12
Anthony Morales		877 330-2677	
Name o	d Person	at () Area Code Daytime 1	religion)  Glephone Number St. Tr.  Glephone Number St. Tr.
Unclosed is a check for the	he 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 Addres Registration 9 Division of C P.O. Box 632	Section Torporations	<u>Street Address:</u> Registration Secti Division of Corpo The Centre of Tal	prations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nisa 3	Marketing LEC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appearited Liability Company	ars on our records.)	
he Articles of Organization for this Limited Liability Com	pany were filed on _	07/27/2022	and assigned
lorida document number 1.22000331421			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited	liability company l	nere:	
RADVIX SOLUTIONS LLC			
be new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "I.I.C" or t	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	(S)		
Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )  B. If amending the registered agent and/or registered of gent and/or the new registered office address here:			name of the new registe
gent and/or the new registered office address here:			100 mg 6 mg
Name of New Registered Agent:		÷	
New Registered Office Address:			
	Emer Fb	orida sirver address	
		Florid:	ı.
<del></del>	City		II

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. Thereby 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

Title	<u>Name</u>	Address	Type of Action
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			C(hange
			TAdd
			Remove
			TChange
			TAdd
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