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(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Pho	ne #)
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08/20/24--01040--015 **25.00



COVER LETTER

elin iezze	MADIVISU	JALZ LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Helen Lacayo		
			Name of Person	
		MADIVISUALZ LLC		
			Firm/Company	
		131 W Royal Cove Circle		
			Address	
		Davie, FL 33325		
			City/State and Zip Code	
		madivisualz@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further in	iformation co	oncerning this matter, please co	all:	
Helen Lacay	ro		305 495-6706	
···	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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)
				ro. S

Mailing Address:

TO:

Registration Section Division of Corporations

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

MADIVISUALZ LLC

MINDIAISONITY LITC		
(Name of the Limited Liabil	ity Company as it now appears on our (a Limited Liability Company)	records.)
(A Florid	la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 9/26/2023	and assigned
Florida document number 1.230004451691	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADD	RESS)	
P=4 =		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>e</u>	enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street a	address
		Florida
Now Designated Amenda Signature 18 about 19	City	Zip Code
New Registered Agent's Signature, if changing Registere		5.
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c	omplete performance of my dutie	rs, and I am familiar with and 📑
iccept the obligations of my position as registered a being filed to merely reflect a change in the registere	ed office address, I hereby confir.	505, F.S. Or, if this;document is many that the limited liability
company has been notified in writing of this change.		THE PARTY OF THE P

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>	Address	Type of Action
MGR	Madison Mejia	131 W Royal Cove Circl	DAdd
		Davie, FL 33325	■Remove
			□Change
	 		□ Add
			□Remove
			Change
			□Add
			Remove
		<u> </u>	□Change
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amending any viner in	formation, enter change(s) here: (Attach additional sheets, if i	necessary.j
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		<u> </u>
ffective date, if other th	4/11/2024	
an effective date is listed, the cote: If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days a this block does not meet the applicable statutory filing requirements, in the Department of State's records.	
record specifies a delayed of is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of	
		2024 AUS SELALL)
April 11 ated	. 2024	
	Alleano M	20 F
	Signature of a member or authorized representative of a member	PH 2

Filing Fee: \$25.00