## L23000492739

(Requestor's Name)
(Address)
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## **COVER LETTER**

	ration Sec n of Corp				
		VISOR LLC			',
SUBJECT:	<del></del> -	Name of Lim	ited Liability Compan	y	
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		Glenora K Noel			
			Name of Perso	n	
			Firm/Compan	y	MIL 15
		6511 NW 34th ave			
		Ft Lauderdale 33309			
			City/State and Zip	Code	
		Karena@Creditscoreadviso	r.com to be used for future a	neual report potific	eation)
For further infor	mation co	ncerning this matter, please co		muar report notine	
Glenora K Noel			954	654-3794	
	Name of	Person	at ( Area Code	2 Daytime	Telephone Number
Enclosed is a ch	eck for the	e following amount:			
□ \$25.00 Filin	ig Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	ру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address	=		eet Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations		
	30x 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCORE ADVISOR LLC		
(Name of the Limited L. (A F	iability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 1.23000492739		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 Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regis		e name of the new regist
gent and/or the new registered office address he	ere:	-
		-
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
_	, Flori	
_	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>	<u>Address</u>	Type of Action
MGR	David R Noel Jr	6511 Nw 34th ave Ft lauderdale F1. 33309	<b>=</b> Add
			□ Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			Remove
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			Change

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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 te: If the date inserted in this block does not meet the applicable statutory filing requirem nument's effective date on the Department of State's records.	nents, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlief filed.	lier of: (b) The 90th day after the
/ /	
ded 11/20/2023	
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Glesnore Would	
11/20/2023  Glenore Word  Signature of a member or authorized representative of a memb  Alenore Wood  Typed or printed name of signee	per