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COVER LETTER

TO: Registration Se Division of Cor			
Visual Ven	tures 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:	
	Xuan Shi		
		Name of Person	
	Visual Ventures LLC		
	··	Firm/Company	
	6609 Cherry Grove Cir		
		Address	
	Orlando, FL 32809		
		City/State and Zip Code	
	visualventuresfl@gmail.com	n to be used for future annual report not	(fication)
For further information c	oncerning this matter, please ca		
Xuan Shi		407 9487474	
Name o	f Person	at () Area Code Daytim	e 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 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**

ARTICLES OF A	MENDMENT	12
ТО		
ARTICLES OF OR	RGANIZATION	
OF		7°
Visual Ventures LLC		ری
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our rec bility Company)	ords.)
The Articles of Organization for this Limited Liability Company we	ere filed on 01/09/2024	and assigned
Florida document number L24000022245		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	.LC" 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered office ad	dress on our records, <u>ent</u>	ter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
V D : 100 - 11		
New Registered Office Address:	Enter Florida street add	tress
		Florida Zin Code
	City	(10 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>	Name	Address	Type of Action
MGR	Xuan Shi	6609 Cherry Grove Cir Orlando, FL 32809	
			□Remove
			Change
			□Add
			□Remove
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te: If th	late, if other e date is listed, the date inserted s effective date	l in this block	does not m	neet the app	licable stati	filing or more itory filing r	than 90 days	optional) after filing, s, this date) Pursuant to will not be	605,020° listed as
ecord sp is filed.	ecifies a delaye	d effective d	ate, but not	an effective	time, at 12	t:01 a.m. on	the earlier	of: (b) Th	e 90th day a	ifter the
02/0	6/2024		·		·					
			\	M						
						resentative of				

Filing Fee: \$25.00