

101

L24 000 353 973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

(Document Number)

Notified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700439498937

11/14/24--01019--027    \*\*25.00

FILED  
2024 NOV 14 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Registration Section  
Division of Corporations**

ECT: \_\_\_\_\_  
Name of Limited Liability Company

Name of Limited Liability Company

2 return all correspondence concerning this matter to the following:

---

Name of Person

Name of Person

---

Firm/Company

Firm/Company

---

Address

Address

City/State and Zip Code \_\_\_\_\_

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

Name of Person \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

PY SUAREZ                  786        449-0550

NDY SUAREZ                      786        449-0550

Name of Person                  Area Code                  Daytime Telephone Number

Name of Person

786

449-0550

at ( )

Area Code

Daytime Telephone Number

☐ \$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)

☐ \$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)

☐ \$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)

☐ \$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)

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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**

VISIVO CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 08/12/2024 and assigned  
document number L24000353973.

amendment is submitted to amend the following:

**Amending name, enter the new name of the limited liability company here:**

**New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."**

**or new principal offices address, if applicable:**

**Principal office address MUST BE A STREET ADDRESS)**

**or new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX)**

**Amending the registered agent and/or registered office address on our records, enter the name of the new registered  
agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**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 Changing Registered Agent, Signature of New Registered Agent**

**FILED**  
**2024 NOV 14 PM 12:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

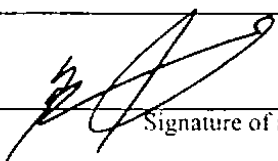
[illegible]

amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: 10/29/2024 (optional)  
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.

dated 10/29/2024 11:30AM



Signature of a member or authorized representative of a member

SANDY SUAREZ

Typed or printed name of signee