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Mazon	
(Requestor's Name) (Address) (Address)	700435416417
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	08./27/2401015003 **30.00
Certified Copies Certificates of Status Special Instructions to Filing Officer:	
	FILED 2024 AUG 27 AM 12: 12 SECRETATION OF STATE FALLAWASSEE, FLORIDA
Office Use Only	

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: VIZZ LIMITED LIABILITY COMPANY

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine O'Connor

Name of Person

VIZZ LIMITED LIABILITY COMPANY

Firm/Company

48 Burns Road

Address

Stafford, VA 22554

City/State and Zip Code

Christine.oconnor@vizzllc.com

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

For further information concerning this matter, please call:

Christine O'Connor		at (571) 247-5	991	
Na	me of Person		time Telephone Number	
Mailing Add	ress:	Street A	Address:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6	327	The C	entre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
			assee, FL 32303	
Enclosed i	s a check for the following	amount:		
□\$25 Filing Fee	☑ \$30 Filing Fee &	□ \$55 Filing Fee &	🖾 \$60 Filing Fee.	
-	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
CR2E055 (9/15)			15	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: VIZZ LIMITED LIABILITY COMPANY	
Enter new principal office address, if applicable:	40 S. Palafox Place
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Suite 202. Office #3
	Pensacola, FL 32502
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	40 S. Palafox Place
	Suite 202, Office #3
	Pensacola, FL 32502

2. The Florida document number of this limited liability company is: M2300008763

3.	Jurisdiction of its organization: Wyoming	SECRI	1024 A	
4.	Date authorized to do business in Florida:		ິ ເດີ ເຊ	ת
	ECTION II (5-9 complete only the applicable changes)		iŭ L	Ē
5.	New name of the limited liability company:	<u> </u>		Ċ
	(must contain "Limited Liability Company," "L.L.C		N	

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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:	Registered Agents Inc		
New Registered Office Address:	7901 4th St N STE 300		
<u> </u>	Enter Florida Street Address		
	St. Petersburg		. Florida ³³⁷⁰²
		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.

Duvid K-operts

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: Change Ownership from Saundra Drummer to Christine O'Connor and Donna Hester

Title/ Capacity	Name	Address	Type of Action
Manager	Saundra Drummer	1303 E. Lakeview Ave	🗆 Add
		Pensacola, FL 32503	Remove
Member	Saundra Drummer	1303 E. Lakevlew Ave	🗆 Add
		Pensacola. FL 32503	😡 Remove
Manager	Christine O'Connoe	48 Burns Rd	ØAdd
		Stafford, VA 22554	🗆 Remove
Member	Christine D'Connor	48 Burns Rd	VAdd
		Stafford, VA 22554	🗆 Remove
Member	Donna Hester	452 Bylar Creek Rd Bracey, VA 23919	

Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the

jurisdiction under the law of which this entity is organized. $\frac{Chistine \mathcal{E}}{Signature of the authorized representative}$ Christine O'Connor Typed or printed name of signee

Filing Fee: \$25.00