## P15000090141

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone #	)
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JUL 28 2016 C McNAIR

## **COVER LETTER**

TO: Amendment Sect		COVER LETTER		BUT WAS
Division of Corpo				
NAME OF CORPOR	RATION: BIZ VISIB INC			
DOCUMENT NUMB				96
•	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	GILVAM F DOS SANTOS			
		Name of Contact Person	n ,	
	GFS TAX & ACCOUNTING	SERVICES		
		Firm/ Company		
	2005 W CYPRESS CREEK			
		Address		
	FT LAUDERDALE FL 3330	)9		
		City/ State and Zip Cod	e	
GIL6	11@LIVE.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
GILVAM DOS SANT	ros	954	9408322	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	<del></del>
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		Address	
Amendment Section Division of Corporations			Iment Section on of Corporations	
	Box 6327		Building	
	ahassee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to

		of Station
BIZ VISIB INC		
(Name	of Corporation as curren	ntly filed with the Florida Dept, of State)
P15000090141		atty fued with the Fiorida Dept, of State)
<u></u>	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp," "Inc," or	The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the 3 "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2005 W CYPRESS CREEK RD STE 100
		FT LAUDERDALE FL 33309
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2005 W CYPRESS CREEK RD STE 100
		FT LAUDERDALE FL 33309
		dress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	GFS TAX & ACCOUNT	Ing services
	2005 W CYPRESS CRE	EK RD STE 100
	(Florida s	street address)
New Registered Office Address:	FT LAUDERDALE	. Florida
New Registered Office Address:		, rionga

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

<u>X</u> C	hange	<u>PT</u>	John Doe	
X R	emove	Y	Mike Jones	
<u>X</u> A	Add	<u>sv</u>	Sally Smith	
	of Action ck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)	Change			
_	Add			
<del></del>	Remove			
2) _	Change		<del>-</del>	
_	Add			
	Remove			
3 ) _	Change			
	Add			
_	Remove			<u> </u>
4)	Change			
	Add			
	Remove			
5)	Change			
<i>,</i> —	Add			
_	Remove			
6) <u> </u>	Change			
	Add			
	Remove			

. If amending or adding additional Ar (Attach additional sheets, if necessary).	ticles, enter change(s) here:
	. (be specific)
A	
·	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vate separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	**	
	(voting group)	
The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	pted by the incorporators without shareholder action and shareholder	
07/12/2016 Dated		
Signature	1 guin	
selected	rector, president or other officer — if directors or officers have not been, by an incorporator — if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	ANDERSON RAMOS	
-	(Typed or printed name of person signing)	<del></del>
1	P,S	
_	(Title of person signing)	