

LI0000075376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

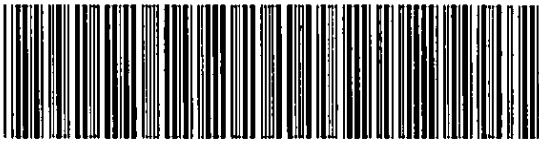
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JUL 17 AM 7:43

JUL 18 2017

J SHIVERS



ERIC P. GROS-DUBOIS, ESQ.
DIRECT DIAL: (786) 837-6787
DIRECT FAX: (305) 718-0687
E-MAIL: ERIC@EPGDLAW.COM

July 12, 2017

Via USPS CERTIFIED MAIL

The Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Mundy Cup, LLC / Articles of Amendment: Document number: L1600075376

Dear Sir or Madam:

I am writing to you on behalf of our client, Mundy Cup, LLC, a Florida limited liability company. Attached please find Articles of Amendment to amend the name of the limited liability company.

Should you have any questions regarding the contents of this letter, please do not hesitate to contact me at the telephone number and address provided herein.

Best Regards,

A handwritten signature in black ink, appearing to read 'Eric P. Gros-Dubois', written over a horizontal line.

Eric P. Gros-Dubois, Esq.
For the Firm

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUNDY CUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Eric P. Gros-Dubois, Esq.
Name of Person
EPGD Attorneys At Law, P.A.,
Firm/Company
2701 Ponce de Leon Blvd Ste. 202
Address
Coral Gables, FL 33134
City/State and Zip Code
paralegal@epgdlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA FERNANDEZ
786 837-6787
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MUNDY CUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/18/2016 and assigned
Florida document number L16000075376.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VISIONEE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)

RECEIVED FOR FILING
MUNDY CUP, LLC
17 JUL 17 AM 7:43
TALLAHASSEE, FLORIDA

B. If 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

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

17 JUL 17 AM 7:48
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

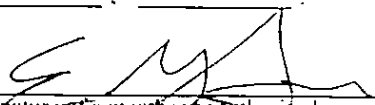
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 the 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 record is filed.

Dated July 12, 2017



Signature of a member or authorized representative of a member

ERIC P. GROS-DUBOIS, ESQ

Typed or printed name of signee