

L200000 13137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

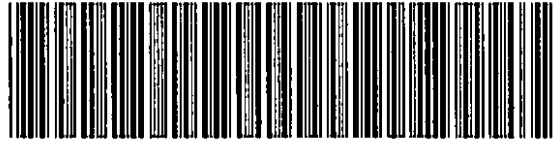
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800344565848

05/18/20--01013--005 \*\*25.00

2020 MAY 18 PM 5:44

O SIMMONS  
JUN 05 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2020 VISION CONSULTING 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:

BRIAN PETERSON

\_\_\_\_\_  
Name of Person

2020 VISION CONSULTING LLC

\_\_\_\_\_  
Firm/Company

8871 CICERO DRIVE

\_\_\_\_\_  
Address

BOYNTON BEACH, FL 33472

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

BRIPETERSON@GMAIL.COM

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

For further information concerning this matter, please call:

BRIAN PETERSON

954

873-2309

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 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**

2020 MAY 18 PM 5:44

2020 VISION CONSULTING 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 JAN 06, 2020 and assigned Florida document number L20000013137.

This amendment is submitted to amend the following:

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

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:

10620 GRIFFIN ROAD

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

SUITE B-206

COOPER CITY, FL 33328

Enter new mailing address, if applicable:

10620 GRIFFIN ROAD

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

SUITE B-206

COOPER CITY, FL 33328

**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:

BRIAN PETERSON

New Registered Office Address:

10620 GRIFFIN ROAD SUITE B-206

*Enter Florida street address*

COOPER CITY

Florida 33328

*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

2020 May 18 PM 5:44

| <u>Title</u> | <u>Name</u>      | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|------------------|-----------------------|--|
| AMBR         | JONES, ELLINGTON | 10620 GRIFFIN ROAD    | <input type="checkbox"/> Add               |
|              |                  | B-206                 | <input type="checkbox"/> Remove            |
|              |                  | COOPER CITY, FL 33328 | <input checked="" type="checkbox"/> Change |
| AMBR         | TRAN, TOMMY      | 10620 GRIFFIN ROAD    | <input type="checkbox"/> Add               |
|              |                  | B-206                 | <input type="checkbox"/> Remove            |
|              |                  | COOPER CITY, FL 33328 | <input checked="" type="checkbox"/> Change |
| AMBR         | WORKMAN, MADISON | 10620 GRIFFIN ROAD    | <input type="checkbox"/> Add               |
|              |                  | B-206                 | <input type="checkbox"/> Remove            |
|              |                  | COOPER CITY, FL 33328 | <input checked="" type="checkbox"/> Change |
| AMBR         | PETERSON, BRIAN  | 10620 GRIFFIN ROAD    | <input type="checkbox"/> Add               |
|              |                  | B-206                 | <input type="checkbox"/> Remove            |
|              |                  | COOPER CITY, FL 33328 | <input checked="" type="checkbox"/> Change |
|              |                  |                       | <input type="checkbox"/> Add               |
|              |                  |                       | <input type="checkbox"/> Remove            |
|              |                  |                       | <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.)*

2020 MAY 18 PM 5:44

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

E. Effective date, if other than the date of filing: JAN 06, 2020 (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 MAY 11 2020

Signature of a member or authorized representative of a member

ELLINGTON JONES  
Typed or printed name of signer