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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	EFILE1234@INCFILE.COM	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIZIONCRYPTO LLC

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M.	SOLOMON
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COVER LETTER

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TO: Registration Se Division of Cor					
SUBJECT: VIZIOI	NCRYPTO LLC				
	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
		Firm/Company			
	17350 STATE HWY 249	#220		202	
		Address		2023 BEC	;
	HOUSTON TX 77064			작성 💄	i —
		City/State and Zip Code	<u></u>	A A	i
	EFILE1234@INCFILE.CO			35. 6 .	C
	E-mail address; (to be used for future annual report nout	(ication)	8 8: 37	
For further information c	oncerning this matter, please c	all:		7	
LOVETTE DOBSON	·	8884623453			
Name o	f Person		e Telephone Number	_	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	
Mailing Address	:::	Stroot Address			

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

(((H23000411586 3)))

VIZIONCRY	· · · ·	_	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000501443</u>	ere filed on	11/22/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability VIZION CAPITAL LLC The new name must be distinguishable and contain the words "Limited Liability			breviation "L.L.C."
Enter new principal offices address, if applicable:			20
(Principal office address MUST BE A STREET ADDRESS)			23 [
	,		#
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>्रा</u> <u>र</u> ु	
			5m 3
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our re	cords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florie	la street address	
		Florida	
	City		Zin 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: (((H23000411586 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
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in ef ote:	ive date, if other than the date of filing:	ant to 60 ot be lis	- 5.0207 (ted as th	3 h
recai Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th led.	day afte	er the	
ated	December 01 . 2023			
	Tula la Polla			