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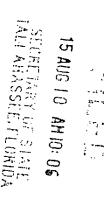
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J SHIVERS

COVER LETTER

TO: Registration S Division of Co		, i i i i i i i i i i i i i i i i i i i	
SUBJECT:	15 TON U	5 A Hoha	DINGS,LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Calhi	e KO5NO Name of Person	FF
		Firm/Company	
	625 C	95A LOMA Address	BIVD UNIF
	BOYNTON	Beach Fh. City/State and Zip Code Dynhoo. Code to be used for future annual report notion	33435
	JeHa poo E-mail address:	to be used for future annual report noting	Confication)
For further information of	concerning this matter, please c	all:	
Calle K	OSVOFF of Person	at (954) 22 - Area Code Daytime	44498 e Telephone Number
Enclosed is a check for t	he 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

VISION USA HOLDING LLC
(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Florida document number	· • •	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	625 Cgs	A DOMA BIVI
(Principal office address MUST BE A STREET AD		BOYNTON BO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	625 CASA BOYNTON	Loma BIVD Beach #401
B. If amending the registered agent and/or re registered agent and/or the new registered office a		rds, enter the name of the new
Name of New Registered Agent:	HARLOHE abrAL	JAM 5
New Registered Office Address:	1431 NW 85 Enter Florida street add	War .
<u> </u>		Florida 23322
New Desistered Assetts Claustons (Cabanatas Desiste		

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRN	BONNIE BENENFE	ELD	
			Remove
			⊉ Change
M6RM	Charhotte Abra	NAME CORREctION M 1431 NW 85 WAY	🗆 Add
		PLANTATIONFL 3330	
		ADDRESS	thenge
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ctive date, if other than the date of filing:		(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing If the date inserted in this block does not meet the applicable statutory	or more than 90 days	s after filing.) Pursuant to
ment's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective	ve time, at 12:	01 a.m. on the ea
e 90th day after the record is filed.		
d_8/6/2015,		
Callia Cana) <i>.</i>	11 Down
	A	III FROM
Callie Callie K Signature of a member or authorized represent	tative of a member	// //

Page 3 of 3

Filing Fee: \$25.00