

LO30000 27025

(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



000275842260

08/10/15--01018--017 **25.00

FILED
15 AUG 10 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISION USA HOLDINGS, 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:

Callie Kosnoff
Name of Person

Firm/Company

625 CASA LOMA BLVD UNIT 401
Address

BOYNTON BEACH FL 33435
City/State and Zip Code

Jethapoo@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Callie Kosnoff at (954) 224-4498
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/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.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number LO3000027025

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:

(Principal office address MUST BE A STREET ADDRESS)

625 CASA LOMA BLVD
~~(4311 1010)~~ BOYNTON BEACH
FL 33345

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

625 CASA LOMA BLVD
BOYNTON BEACH #401
FL 33345

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:

CHARLOTTE ABRAHAM

New Registered Office Address:

1431 NW 85 WAY

Enter Florida street address

PLANTATION

City

Florida

State

33322

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>
MGR	N BONNIE BENENFELD		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		NAME CORRECTION	<input checked="" type="checkbox"/> Change
MGR	M CHARLOTTE ABRAM	1431 NW 85 WAY	<input type="checkbox"/> Add
		PLANTATION FL 33322	<input type="checkbox"/> Remove
		ADDRESS	<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
			<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.)

CHANGING BONNIE BENEFELD
LETTER WAS LEFT OUT OF NAME
REGISTERED AGENT CHANGED ADDRESS

15 AUG 10 AM 10:06
SECRETARY 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 8/6/2015, _____.

Callie Callie Kosnoff PRES
Signature of a member or authorized representative of a member

Callie Kosnoff

Typed or printed name of signee