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EXAMINER



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DIVISION OF CORPORATION

COVER LETTER

TO: • Registration So Division of Cor	ection	:	. •		
SUBJECT: VISION	Thinks LL				
(Name of Limited Liability Company)					
·	. \	,			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspo	endence concerning this matter to	the following:			
	- ADAM S	butet			
		(Name of Person)			
Vision Reulty, L.L.C					
	~ .	(Firm/Company)			
7850 S.W. 99 Mach					
(Address)					
MIMMI 6- 33156					
(Oty/State and Zip Code)					
For further information concerning this matter, please call: (20) 356-14(5)					
12000 South					
(Name of Person) (Area Code & Daytime Telephone Number)					
		•			
Enclosed is a check for th	e following amount:	V			
\$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)		
	٠.				

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

DISSECRETARY OF STATE 08 JUN 19 PM 15	
08 JUN 19 PHIZ: 31	l,
PM 12: 31	,

1	OF	19 PH 12: 31
(Name of the Limited Lia)	Bility Company as it now appears or	
	rida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L03000913</u>	ity Company were filed on 10/7	3 1003 and assigned
This amendment is submitted to amend the following	ıg:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our address here:	records, enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter	Florida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address** Title **Name** ☐ Add Remove ☐ Add Remove Add 🎵 Remove ☐ Add Remove □ Add Remove r Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member 174WO(16033 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00