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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Vision Sorbent, L. L. C. (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:
Russell Soitz (Name of Person)
Vision CMC LLC (Firm/Company)
3733 Crown Point Rd. (Address)
Sacksonville, FL 32257 (City/State and Zip Code)
For further information concerning this matter, please call:
Russell 5 pitZ at (904) 288-6516 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{Solonoption} Fee, Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Present Name) (A Florida Limited Liability Company)	<del></del>	
FIRST:	The Articles of Organization were filed on 3/9/04 and assigned document number L0400018959.		
SECOND:	This amendment is submitted to amend the following:		
	Name of Company from Vision Sorbent LLC. to Vision + CMC LLC	<del>-</del>	<u></u>
	Registered Agent from Dale A. Beardsley, E to: Alexander Spitz 3733 Crown Point Rd. 5acksonville, FL 32257	5qu 	re -
	I understand and accept the obligations as reagent:	— <del>ঠ</del> , ও —	stered
Dated	Signature of a member or authorized representative of a member  Typed or printed name of signee	07 FEB -9 PM 2: 1	SECRETARY OF STATE DIVISION OF CORPORAL

Filing Fee: \$25.00