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COVER LETTER

TO: Registration Section Division of Corporations

Vision Zappa, L.L.C. (Name of Limited Liability Company) SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell Spitz (Name of Person) Vision FC LLC 3733 Crown PointRd. (Address) Sacksonuille, FL 3225 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (904) 288-6516 (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

