

L04000053567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

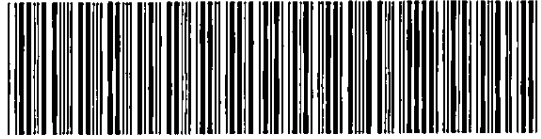
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Vision Broadband, 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:

Isaac Lidsky

Name of Person

Vision Broadband, LLC

Firm/Company

5701 Carder Road

Address

Orlando, FL 32810

City/State and Zip Code

isaac@lidsky.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isaac Lidsky

407

310-7914

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2023 JUL 25 PM 1:27
CLERK OF COURT
STATE OF FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Vision Broadband, 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 July 19, 2004 and assigned
Florida document number L04000053567.

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)

5701 Carder Road

Orlando, FL 32810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Isaac Lidsky

New Registered Office Address:

5701 Carder Road

Enter Florida street address

Orlando

City

Florida 32810

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	Betti D. Lidsky	9265 Silver Shores Lane	<input type="checkbox"/> Add
		Boynton Beach, FL 33473	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Isaac Lidsky	5701 Carder Road	<input checked="" type="checkbox"/> Add
		Orlando, FL 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Patrick McGuinn	5701 Carder Road	<input type="checkbox"/> Add
		Orlando, FL 32810	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Alex Cohen	5701 Carder Road	<input checked="" type="checkbox"/> Add
		Orlando, FL 32810	<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.)*

[illegible]

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 July 24, 2023

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Signature of a member or authorized representative of a member

Isaac Lidsky

Typed or printed name of signee

2009 JUL 25 PM 1:27
STATE
FL

Filing Fee: \$25.00