

L05000010438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

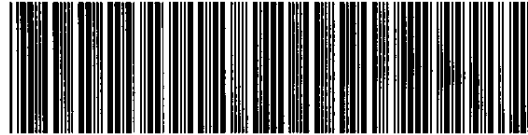
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/13/10--01005--015 **273.75

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10 NOV - 5 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

J. BRYAN

NOV - 8 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2010

VISIONS AND CONCEPTS, LC
1800 PRIMROSE LANE
WELLINGTON, FL 33414

SUBJECT: VISIONS AND CONCEPTS, LC
Ref. Number: L05000010438

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TALLAHASSEE, FLORIDA

We have received your document for VISIONS AND CONCEPTS, LC and your check(s) totaling \$273.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$133.75. $+25 = 158.75$

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$407.50.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 310A00024331



BenchXpress

Adopt A Bench

Adopt A Stop

Visual Merchandising

Special Events

Product Launch

Business Launch

In Store Promotions

Outdoor Advertising

Adopt A Bin

Ad Campaigns

Marketing Strategies

Business Services

November 2, 2010

Mr. Joey Bryan
Regulatory Specialist II
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Mr. Bryan,

Please find enclosed two (2) check for the reinstatement of the limited liability company:

Check # 331 in the amount of \$30.00 for Filing Fee & Certificate of Status
Check # 332 in the amount of \$133.75 balance due for Filing fee

Should you have any questions regarding this resubmission, please feel free to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dion St Hilaire', is written over a horizontal line.

Dion St Hilaire

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Visions and Concepts, 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:

Dion St Hilaire
Name of Person

Visions & Concepts Consulting, LLC
Firm/Company

1800 Primrose Lane
Address

Wellington, FL 33414
City/State and Zip Code

csthilaire@bellsouth.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cecilia St Hilaire at (386) 793-8267
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**

Visions and Concepts, 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 February 01, 2005 and assigned
Florida document number L05000010438.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Visions & Concepts Consulting, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1800 Primrose Lane

Wellington, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

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: n/a

New Registered Office Address:

Enter Florida street address

, Florida

City

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 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

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
	n/a		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 2nd, 2010

Signature of a member or authorized representative of a member

DION ST HILL

Typed or printed name of signee

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