

LO 7000017040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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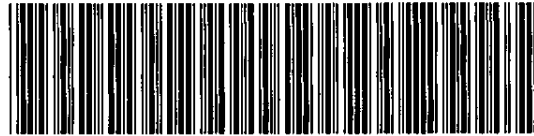
(Business Entity Name)

(Document Number)

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09 JAN 29 AM 8:59
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

S. HAWKES

JAN 29 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vision Fund Management, 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:

George Banks

(Name of Person)

Vision Fund Management, LLC

(Firm/Company)

1625 Summit Lake Drive, Suite 229
1700 Summit Lake Drive

(Address)

Tallahassee, Florida 32317

(City/State and Zip Code)

For further information concerning this matter, please call:

George Banks

(Name of Person)

at (850) 219-5210

(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**

Vision Fund Management, 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 2/14/2007

Florida document number L07000017040

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TALLAHASSEE, FLORIDA

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1625 Summit Lake Drive, Suite 229

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, Florida 32317

Enter new mailing address, if applicable:

1625 Summit Lake Drive, Suite 229

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee, Florida 32317

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:

George Banks

New Registered Office Address:

1625 Summit Lake Drive, Suite 229

(Enter Florida street address)

Tallahassee

(City)

, Florida 32317

(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)

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

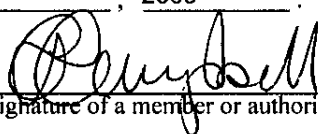
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher J Campbell	1479 Millstream Road Tallahassee, Florida 32315	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Campbell Group International, Inc	P.O. Box 3184 1479 Millstream Drive Tallahassee, Florida 32315	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/>
MGR	George Banks	1625 Summit Lake Drive, Suite 229 Tallahassee, Florida 32317	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 28, 2009



Signature of a member or authorized representative of a member

Christopher J. Campbell

Typed or printed name of signee