# #10800003/457

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### **COVER LETTER**

TO: Registration Sec Division of Cor	
SUBJECT: VIS	ION INFLACTRUCTURE
SOBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	ISAAC MOSIMANEWAKGANG Name of Person
	Name of Person
	VISION INFRASTRY CTURE
	Firm/Company
	P. 0 . Box 12244  Address
	Address
	DAYTONA BEACH FL 32120
	DAYTONA BEACH FL 32120  City/State and Zip Code  MALTASIAN @ YA HOO. COM  E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
ISAAC MOSIM	ANEWAK GANG at (386) 631 - 8820  Area Code & Daytime Telephone Number
·	The oxione by the companies that
Enclosed is a check for the	ne fallawing amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

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St. Milar	11. 11. a	1:43

VISION INFRAST RUCTUR	E LLC TATTALLET OF STATE
( <u>Name of the Limited Liability Com</u> (A Florida Limited	d Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on $3/27/2008$ and assigned
Florida document number <u>L08000031457</u> .	, .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	P. O BOX 122 44
(Mailing address MAY BE A POST OFFICE BOX)	DAYTON A BEACH
	FL 32120
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the never:
Name of New Registered Agent:	
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

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 Type of Action **Title** <u>Name</u> <u>Address</u> MGR WHISPERING CRILE 400 KING LETLOLE Add Remove FL, 32084 ST AUGUSTINE  $\prod$  Add Remove Add Remove □Add Remove \_\_\_Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 August 2 ND Dated \_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00