L09000032857

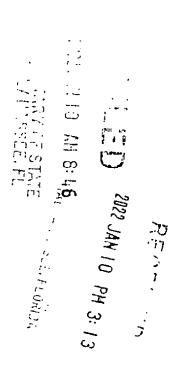
	(Requestor's Name)
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COVER LETTER

Registration Section Division of Corporations

TO:

J&L VISI	ON, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The angloced Articles of	Amendment and fee(s) are sub	mitted for filing			
	ondence concerning this matter	-			
	macro v voncennig mis macro	to the tone amg.			
	LISA BABCOCK				
		Name of Person			
	J & I. VISION, LLC				
		Firm/Company			
	2228 SHIRLEY ANN CT				
		Address			
	TALLAHASSEE, FLORII	DA 32308			
	720	City/State and Zip Code			
	lberry72@yahoo.com E-mail address: (to be used for future annual report noti	fication)		
For further information of	oncerning this matter, please c	all:			
LISA BABCOCK		at () Area Code Daytime			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he 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		
\$4.500 A.d.J		Saura Addura	· ·		
<u>Mailing Addres</u> Registration !		Street Address: Registration Sec	ction		
Division of C			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & I. VISION, 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 APRIL 06, 2009 and assigned Florida document number L09000032857 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CAPITAL CITY COURT REPORTERS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address 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>	Address	Type of Action
		·	□Add
			Remove
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		<u> </u>	. <u> </u>	
				
				
Iffective date, if other than the date of an effective date is listed, the date must be a local occurrent's effective date on the Dep	k does not meet the appl	icable statutory filing r	(optional) e than 90 days after filing.) P requirements, this date wi	ursuant to 605.0207 (Il not be listed as t
record specifies a delayed effective of is filed.	late, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The S	Oth day after the
	2022			
Dated		·		
Dated JANUARY 10	· 	·		

Filing Fee: \$25.00