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VISON COMMUNICATIONS NETWORK LLC

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FAX COVER SHEET

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COMPANY		
FAX NUMBER	18506176383	
FROM	Tony Burroughs	<u> </u>
DATE	2009-10-05 14:02:13 PDT	
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COVER MESSAGE

Tony Burroughs | Special Filings Specialist Business Special Filing 323.962.8600 x862 | Fax 323.337.0742| tburroughs@legalzoom.comwww.legalzoom.com | 7083 Hollywood Blvd., Suite 180, Los Angeles, CA 90028

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COVER LETTER

TO: Registration S Division of Co				
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SUBJECT: VISON	COMMUNICATIONS N			·
	(Name of Lin	nited Liability Company)		
				·
			•	
The enclosed Articles o	f Amendment and fee(s) are sui	bmitted for filing:		•
		-		
Please return all corresp	Please return all correspondence concerning this matter to the following:			
	Tony Burroughs			· ·
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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2009 OCT -6 AM 8: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VISON COMMUNICATIONS N	ETWORK LLC		
(Name of the Limited Lia (A Flo	pility Company as it now appears on our rida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 07/10/200	09 und assigned	
Florida document number <u>L09000066811</u>			
This amendment is submitted to amend the following	g:		
A. If amending name, <u>enter the new name of the</u>	limited liability company here:		
Vision Communications Network LLC			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	designation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ords, egger the usine of the new	
New Registered Office Address:	(Enter Flo	rida street address)	
	•	•	
-	10:Li	, Florida(Zip Code)	
	(City)	(ZIP Coas)	
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prop- accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	er and complete performance of my a ed agent as provided for in Chapter t stered office address, I hereby confin	luties, and I am familiar with and 508, F.S. Or, if this document is	
	(If Changing Registered Agent, Sien	nture 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 = M MGRM =	anager Managing Member		
<u>l'itle</u>	Name	Address	Type of Action
			Remove
			Add
			Romovo
			
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
D. If amer	nding any other information, enter chan	ge(s) here: (Attach additional she	ets, if necessary.)
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— Dated	09/29/ 200	9	
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		er or authorized representative of a m	ember
• .	Victor Pressoir, Manager Type	d or printed name of signee	Fr B
		Page 2 of 2	
• • •	1	Filing Fee: \$25.00	2009 OCT -6 AM 8: 52 RECRETARY OF STATE FLORID
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