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O SIMMONS APR 2 6 2017

COVER LETTER

Division of Corporations
SUBJECT: VISION 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:
ELAINE ENRIQUEZ
I VISION MANAGEMENT, LLC. Firm/Company
15680 SW 12 TERR.
Miami, FL. 33194 City/State and Zip Code ELainethevoice2@gol.Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FLANE ENRIQUEZ at (786) 302-9247 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 MA	NAGEME	NI, LLC.
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on c ed Liability Company)	our records.
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number <u>1000104831</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
ONE VISION D	1EDIA.	LLC.
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa	ation "LLC" or the abbreviation: L.L.C."
Enter new principal offices address, if applicable:	SAME	
(Principal office address MUST BE A STREET ADDRESS)	 	
	_	
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our	records onton the name of the name
registered agent and/or the new registered office address he		records, enter the hame of the new
		·
Name of New Registered Agent:	SAME	
New Registered Office Address:		
	Enter Florida str	reet 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
			□ Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00