

# L/1000102623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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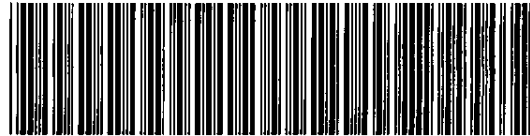
(Business Entity Name)

(Document Number)

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11 DEC 16 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
DEC 20 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Vistas Investments, 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:

Karen J Spigler

Name of Person

Law Firm of Karen Spigler, LLC

Firm/Company

6231 SW 188th Ave

Address

SW Ranches, FL 33332

City/State and Zip Code

kspigler@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Spigler

Name of Person

at ( 954 )

689-0506

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

VISTAS INVESTMENTS, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
11 DEC 16 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/07/2011 and assigned Florida document number L11000102623.

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:

(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:

Jose F. Melgarejo Jr.

New Registered Office Address:

7501 NW 112th Path

*Enter Florida street address*

Doral

*City*

, Florida

33178

*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.*

*Jose F. Melgarejo Jr.*  
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>
MGRM	Jose F. Melgarejo Jr.	7501 NW 112th Path Doral, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Monica M. Melgarejo	7501 NW 112th Path Doral, FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jose F. Malgarejo	7501 NW 112th Path Doral, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Monica Malgarejo	7501 NW 112th Path Doral, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

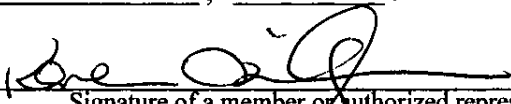
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated September 12, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Karen J. Spigler  
 \_\_\_\_\_  
 Typed or printed name of signee