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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer.		
PICK-UP	MAIT	MAIL
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S. PRATHER

Reserved Barrier

COVER LETTER

Division of Cor	porations		
Vision Key SUBJECT:	es Properties LLC		
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gregory L. Hobbs, Esq.		
	Laure (Affirm of Common L	Name of Person	
	Law Office of Gregory L. l	HODDS, 174	
		Firm/Company	
	3161 Whirlaway Trail		
		Address	
	Tallahassee, FL 32309		
	gregoryhobbspa@gmail.com	City/State and Zip Code n	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please co	ıll:	
Gregory L. Hobbs		850 251-2709	
Name o	TPetson	at () Area Code Daytimo	· Telenhone Number
, and		/ Tray Civile	- retephene (vintoe)
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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 Keyes Properties LLC				监查用	
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)	NOV 27 AND ASSET AND ASSISTED	
The Articles of Organization for this Limited I Florida document number	iability Company	were filed on Jun	e 14, 2012	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the de	signation "LLC" or the abb	oreviation "L.L.C."	
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS</u>) Enter new mailing address, if applicable:		20440 Colonial I	Hill Drive		
		Unit 203			
		Tampa, FL 3364	7-3539		
		20 11 10 Colonial 1	Hill Drive		
(Mailing address MAY BE A POST OFFICE	BOX)	Unit 203			
		Tampa, FL 3364	7-35639		
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u> (the name of the new	
Name of New Registered Agent:	Gregory L. Hobbs				
New Registered Office Address:	3161 Whirlawa	ıy Trail			
		Enter Florida street address			
	Tallahassee		. Florida	609	
		Ciry		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	John Mitchell		□ Add
		2025 Castle Rock Cir	
		1 and O Lakes, FL 34639	■ Remove
	John Mitchell		☐ Change
CFO	John Sheller		
		20125 Outpost Point Dr.	
		Tampa, FL 33647	■ Remove
			Change
			Add
			☐ Remove
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ffective date, if other than the of an effective date is listed, the date must sote: Af the date inserted in this blo ocument's effective date on the De	ck does not m	reet the applie:	able statutory fi	ling requireme	_ (optional) ays after filing) nts, this date v	Pursuant to vill not be	5 605 0200 listed as
e record specifies a delayed The 90th day after the reco			t an effectiv	e time, at 1	2:01 a.m. c	on the ea	arlier o
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4	ALLY ALL Signatur of a r	nember or autho	orized representa	ive of a member		1.SS)¥ 27

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Filing Fee: \$25.00