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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

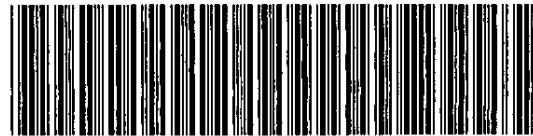
(Document Number)

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17 APR -3 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

APR 5 2017



March 30, 2017

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Vision Assets, LLC Amendment**

To Whom It May Concern:

My firm represents Vision Assets, LLC ("the Company"). Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization for Vision Assets, and my firm's check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see, the Company is removing Jayson T. Zortman, Jr. as Managing Member and adding Adriana P. Turner as Manager.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

  
Ryan Cipparone

cc: Client (via Email)

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17 APR -3 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VISION ASSETS, 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:

Ryan M. Cipparone, Esquire  
Name of Person  
Cipparone & Cipparone, P.A.  
Firm/Company  
1525 International Parkway, Suite 1071  
Address  
Lake Mary, Florida 32746  
City/State and Zip Code  
rcipparone@cipparonepa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan M. Cipparone, Esquire at 321 275-5914  
Name of Person 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

FILED  
17 APR -3 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VISION ASSETS, 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 08/29/2012 and assigned  
Florida document number L12000111180.

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 contain 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)**

3272 W. Lake Mary Boulevard, Suite 1830

Lake Mary, Florida 32746

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3272 W. Lake Mary Boulevard, Suite 1830

Lake Mary, Florida 32746

**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:

Cipparone & Cipparone, P.A.

New Registered Office Address:

1525 International Parkway, Suite 1071

*Enter Florida street address*

Lake Mary

*City*

, Florida 32746

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jayson T. Zortman, Jr.	238 N. Westmonte Drive, Suite 285	<input type="checkbox"/> Add
		Altamonte Springs, Florida 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adriana P. Turner	3272 W. Lake Mary Boulevard, Sui	<input checked="" type="checkbox"/> Add
		Lake Mary, Florida 32746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
APR -3 2005  
STATE OF FLORIDA  
TALLAHASSEE

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.0202 (3)(b)

17 APR 3 PM 45  
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TALLAHASSEE, FLORIDA

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 27 2017

~~Signature of a member or authorized representative of a member~~

Adriana P. Turner

Typed or printed name of signee