Division of Corporations Electronic Filing Cover Sheet

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(((H15000035706 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEVIN LAW & MEDIATION GROUP

Account Number : I20140000093 Phone : (941)953-5300 Fax Number : (941)807-4163

\*\*Entor the email address for this business entity to be used for future annual report mailings. Enter only one omail address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## EAST VISION PROPERTY, LLC

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T. HAMPTON

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## **COVER LETTER**

TO:	Registration Se Division of Corp					
SUBJE	East Visi	East Vision Property, LLC				
Name of Limited Liability Company						
		Amendment and fee(s) are sub				
		JEROME S. LEVIÑ				
			Nume of Person			
		LEVIN LAW LC	•			
Firm/Company						
1444 1st Street, Suite A						
			Address			
	SARASOTA FL 34236					
City/State and Zip Code				-		
		E-mail address: (	to be used for future annual report notifi-	cation)		
For furth	her information co	oncerning this matter, please ca	all:			
JERO	ME S. LEVIN	I	941 953.5300	Telephone Number		
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	c following amount:				
■ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MALL	NC AUDDESS	STREET/COURTE	TR ADDRESS:		

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

P. 003/005 HI15000035706 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

East Vision Property, LLC		
(Name of the Limited L	jability Company as it now appears on our recording Limited Liability Company)	rds,)
The Articles of Organization for this Limited Liabil Florida document number L12000132822	lity Company were filed on October 18.	2012 and assigned
This amendment is submitted to amend the following	ng:	15 FI
A. If amending name, enter the new name of the	e limited liability company here:	AFFECT PROPERTY OF THE PROPERT
The new name must be distinguishable and end with the word	ds "Limited Liubility Company," the designation "L	LC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable	e:	Tog o U
(Principal office address MUST BE A STREET A	DDRESS)	RE O
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record	ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	PNN
·		lorida Zip Code
New Registered Agent's Signature, if changing Regi	C(ty)	Zip Code
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the register campany has been notified in writing of this chains	gent and agree to act in this capacity. If und complete performance of my duties, a red agent as provided for in Chapter 605 istered office address, I hereby confirm t unge.	and I am familiar with and F.S. Or, if this document is that the limited liability
	If Changing Registered Agent, Signature	e at even Registered Agent

Page 1 of 3

Hamending the Managers or Authorized Member on our records, enter the title, name, a Authorized Member being added or removed from our records:		HI15000035706 3	
MGR = MAMBR = A	Aanager Authorized Member		<del></del>
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Navad Haetzni	1221 First Street	
		Sarasota, FL 34236	■ Remave
MGR	Nadav Haetzni	1221 FIRST STREET	<b>a</b> dd
		Sarasota, FL 34236	□ Remove
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D. If amending any other inform	nation, enter change(s) here:	(Attach additional sheets, if necessary.)	#115000035705 3
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(The effective date, if other than to (The effective date must be specific, or the date this document is filed by the	he date of filing: annot be prior to date of receipt or file : Florida Department of State)	(optional) did date and cannot be more than 90 days after	
Dated February	, 2014	_•	
	4	A	
	Signature of a member or author	ized representative of a member	

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Typed or printed name of signice

Filing Fee: \$25.00

SECRETARY OF STATE