

**L13000110391**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000182432 3)))



H130001824323ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

AUG 19 2013

L. SELLERS

From:

Account Name : API PROCESSING  
Account Number : I20110000069  
Phone : (954) 567-0013  
Fax Number : (954) 567-3401

RECEIVED

13 AUG 16 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Email Address:** kathy@apiprocessing.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VISION THREE SIXTY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 AUG 16 PM 12:32

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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

Vision Three Sixty 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 08/05/2013 and assigned  
Florida document number L13000110391

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)

7200 Lake Ellenor Drive #206

Orlando, FL 32809

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:

New Registered Office Address:

Enter Florida street address

Florida

City

FILED  
13 AUG 16 PM 12:32  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.*

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	Juan Quiroga	7200 Lake Ellenor Drive #206	<input checked="" type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
MGRM	Abrahan Castillo	7200 Lake Ellenor Drive #206	<input checked="" type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
MGRM	Tom Cregan	7200 Lake Ellenor Drive #206	<input checked="" type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
MGRM	Herbert Harker	7200 Lake Ellenor Drive #206	<input checked="" type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Fax sent by: 9545673401

API

08-16-13 07:14a Pg: 4/4  
H13000182432 3  
August 18, 2013  
Page 4 of 4

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

---

---

---

---

---

Dated: 8/15/13



Signature of a member or authorized representative of a member

Juan Quiroga

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

H13000182432 3