# #L/3000/32448

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  CORRECTION TO EFF. DATE PER  CONVERSATION WITH ANN CONAIRD  11/14/2014  KS



200266227022

11/07/14--01013--020 \*\*60.00

FILED
2014 NOV 13 PHIZ: 31

Office Use Only

EXAMINER
NOV 1 4 2014

### **COVER LETTER**

	egistration Sec vision of Corp			
SUBJECT	: <u>J</u> 5v	V Investment Name of Limit	ted Liability Company	visitions LLC
The enclose	ed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please retur	m all correspon	dence concerning this matter t	to the following:	
		5 cott	W Conar Name of Person	<b>d</b>
		15/W Inv	est ments of	Requisitions LLC
		1850 Oliv	Address	
		Seminal	City/State and Zip Code	)
		E-mail address: (to	5 0 00 00 00 o be used for future annual of	eport notification)
For further	information co	ncerning this matter, please ca		
	Name of	Person	at (727) Area Code	Daytime Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

#### 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

<b>TC</b>	
ARTICLES OF O	RGANIZATION
Ol	20/440
<b>.</b>	, MOV 13
(Name of the Limited Liability Compan (A Florida Limited Li	RGANIZATION  P  2014 NOV 13 PM 12: 31  IN AS It now appears on our records.)  In the state of th
The Articles of Organization for this Limited Liability Company	were filed on $9/9/2013$ and assigned
Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
NA	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
F. (4	2/10
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new:
Name of New Registered Agent: NA	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florida

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

MGR = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
HWPK WCK	GREG CONARD \$090 owner	HC 71 Box 53-2 Soper Okhahama 74759	Add □ Remove
Just -	Colette Jansen 4090 owner	11779 5 aree Ct. Seminale F1.33772	□ Add □ Remove
Ambe mor	Scatt Congred 2090 awner	7850 Oliver Rd Seminale Fl. 33777	Add □ Remove
		P	TOTAL REMOVE STATES AND
			_□ Remove
			□ Add □ Remove

• If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

	· · · · · · · · · · · · · · · · · · ·
(The ef	ctive date, if other than the date of filing: (optional)  fiective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
Date	d 10/24, 2014.
	Signature of a member of autiliorized representative of a member
	Signature of a member of a unionized representative of a member  Scott Work of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

