

Division of Corporations

Page 1 of 2

442009545

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : JORGE L. GURIAN P.A.
Account Number : I20010000123
Phone : (305) 279-4101
Fax Number : (305) 279-1489

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

Email Address: JGurian@fr-firm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REALVISION USA LLC**

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TALLAHASSEE, FLORIDA

JAN 21 2016
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REALVISION USA 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:

IRMA GOMEZ

Name of Person

FOWLER RODRIGUEZ LLP

Firm/Company

355 ALHAMBRA CIRCLE, SUITE 801

Address

CORAL GABLES, FL 33134

City/State and Zip Code

JGURIAN@FRPIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRMA GOMEZ

786

364-8461

Name of Person

at () 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALVISION USA 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 JANUARY 16, 2014 and assigned
Florida document number L14000009345.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

400 SAWGRASS CORPORATE HIGHWAY

SUITE 230

SUNRISE, FL 33325

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 SAWGRASS CORPORATE HIGHWAY

SUITE 230

SUNRISE, FL 33325

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 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

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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

Title	Name	Address	Type of Action
MGR	LIMBERT RODRIGUEZ	400 Sawgrass Corporate Highway	<input type="checkbox"/> Add
		Suite 230	<input type="checkbox"/> Remove
		Sunrise, FL 33325	<input checked="" type="checkbox"/> Change
MGRM	FELIX HERNANDEZ	2665 South Bayshore Drive	<input type="checkbox"/> Add
		Suite 800	<input checked="" type="checkbox"/> Remove
		Coconut Grove, FL 33133	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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F. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 January 20

2016

Signature of a member or authorized representative of a member

JORGE L. GURIAN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee