

L14 000062366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

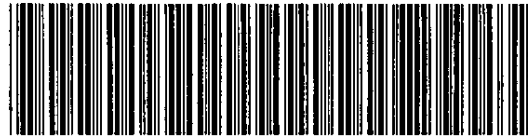
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 SEP -4 AM 11:34
TALLAHASSEE, FLORIDA
CLERK OF STATE

SEP -8 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Vision Renovations
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:

Salvatore Rebollar
Name of Person

New Vision Renovations
Firm/Company

133 Sunset Drive
Address

Longwood, FL 32750
City/State and Zip Code

Newvisionrenovations@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sal Rebollar at (407) 252-8168
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 SEP -4 AM 11: 34

New Vision Renovations 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 4/16/2014 and assigned
Florida document number 614000062366

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

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.

N/A

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>
Mr.	Ryden Whelan	588 Silvergate Loop	<input type="checkbox"/> Add
		Lake Mary, FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Ryan Whelan is to be removed as a Mgr and any other records.

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CLERK
FLORIDA

E. Effective date, if other than the date of filing: 6/18/2015 (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

9/1, 2015

Sal Salvatore

Signature of a member or authorized representative of a member

Salvatore Rebollar

Typed or printed name of signee

**ASSIGNMENT OF MEMBERSHIP INTEREST, RESIGNATION and
INDEMNIFICATION OF NEW VISION RENOVATIONS LLC**

Orlando, Florida
Dated June 18, 2015

3365.00 (three thousand three hundred and sixty five dollars) *for*

FOR ~~\$4,779.70 (four thousand seven hundred seventy nine and 70/100 dollars)~~ AND OTHER
GOOD AND VALUABLE CONSIDERATION, the sufficiency of which is hereby
acknowledged, RYAN J WHELAN of 588 SILVERGATE LOOP
LAKE MARY, FL 32746

("Assignor") hereby assigns all of his interest in and to the Limited Liability Company
organized April 14, 2014, and known as **NEW VISION RENOVATIONS LLC**, a
Florida Limited Liability Company ("the Company"), to SALVATORE R REBOLLAR of
133 SUNSET DRIVE
LONGWOOD, FL 32750
("Assignee").

Assignor hereby surrenders to **NEW VISION RENOVATIONS LLC** all
ownership and is not in possession of any Certificate of Membership. Assignor also directs that
any Membership of Assignor be cancelled on the books of the Company, and that the Company
immediately issue a Certificate of Membership in favor of Assignee with respect to the interest
being surrendered by Assignor.

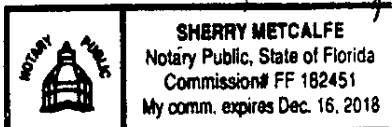
Assignor hereby resigns as manager of **NEW VISION RENOVATIONS LLC**
and authorizes the Company to remove him from such position by filing with the Division of
Corporations, State of Florida.

Furthermore, Assignor affirms and states that he has not obligated the Company in any
manner and will hold harmless, defend and indemnify the Company for any actions brought in
connection with actions arising by virtue of the Assignor.

State of Florida
County of Seminole
The foregoing instrument,
was acknowledged before me on the 28 day of July, 2015
by Ryan Whelan, Salvatore Rebollar
☐ who is personally known to me,
☒ who has produced Florida as identification.

By: 
RYAN J WHELAN

(Official Notary Seal)



BENEFICIARY

SALVATORE R. REBOLLAR

The undersigned beneficiary accepts the foregoing Assignment subject to all the
organizational Agreements regarding the **NEW VISION RENOVATIONS LLC**, a
Florida Limited Liability Company.

By: 
SALVATORE R. REBOLLAR