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01/31/20--01014--012 **25.00

2020 JAN 31 PM 5:52

C. GOLDEN

FEB 26 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vista Trace 8208, 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:

John P. Maas, Esq.

Name of Person

John P. Maas, P.A.

Firm/Company

44 NE 16th Street

Address

Homestead, Florida 33030

City/State and Zip Code

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

For further information concerning this matter, please call:

John P. Maas

305 7132

at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Vista Trace 8208, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2014 JUN 31 PM 5:52

The Articles of Organization for this Limited Liability Company were filed on 09/09/2014 and assigned
Florida document number 114000141295.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15244 SW 140 Street

Miami, Florida 33196

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15244 SW 140 Street

Miami, Florida 33196

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:

Ivan A. Taylor

New Registered Office Address:

15244 SW 140 Street

Enter Florida street address

Miami

City

Florida 33196

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

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>
AMBR	OCTAVIO TAYLOR, TEE	11250 SW 244 Terrace	<input type="checkbox"/> Add
		Homestead, Florida 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OCTAVIO TAYLOR, TEE	11250 SW 244 Terrace	<input type="checkbox"/> Add
		Homestead, Florida 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IVAN A. TAYLOR	15244 SW 140 Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

OCTAVIO TAYLOR, as Trustee of the Octavio Taylor Revocable Trust dated February 5,

2004 and OCTAVIO TAYLOR, as Trustee of the Sylvia M. Taylor Revocable Trust dated February 5th, 2004

have conveyed and transferred 100% ownership interest in Vista Trace S208, LLC to IVAN A. TAYLOR.

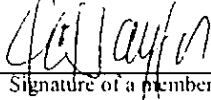
E. Effective date, if other than the date of filing: _____ (optional)

(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 23, 2020.



Signature of a member or authorized representative of a member

Octavio Taylor, as TEE of the Octavio Taylor Revocable Trust dated February 5, 2004 and

Typed or printed name of signer

Octavio Taylor, as TEE of the Sylvia M. Taylor Revocable Trust dated February 5, 2004

Filing Fee: \$25.00