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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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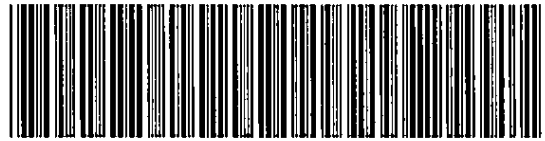
(Business Entity Name)

(Document Number)

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JUL 10 2020

2020 MAY 18 PM 2:06

*Handwritten signature*



LAW OFFICES OF  
**LISBET CAMPO P.A.**

10041 BIRD ROAD • MIAMI, FLORIDA 33165

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Lisbet Campo, Esq.

May 12, 2020

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Vista Trace 8208, LLC**

Dear Sirs:

Attached please find Articles of Amendment to Articles of Organization along with a check in the amount of \$25.00 representing the filing fee. Please provide a letter of acknowledgement once the amendment has been filed.

Please feel free to contact the office should you have any questions

Sincerely,

Janet Ollervides  
Paralegal

## 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:

Michael Helbig

\_\_\_\_\_  
Name of Person

Vista Trace 8208, LLC

\_\_\_\_\_  
Firm/Company

15244 S.W. 140th Street

\_\_\_\_\_  
Address

Miami, FL 33196

\_\_\_\_\_  
City/State and Zip Code

michael.helbig1@me.com

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

For further information concerning this matter, please call:

Michael Helbig

305 710-2692  
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)

The Articles of Organization for this Limited Liability Company were filed on 09-09-2014 and assigned  
Florida document number L14000141295.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2020 MAY 18 PM 2:06

**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

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>
MGR	Ivan A. Taylor	15244 S.W. 140th Street	<input type="checkbox"/> Add
		Miami, Fl. 33196	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Michael Helbig	15244 S.W. 140th Street	<input checked="" type="checkbox"/> Add
		Miami, Fl. 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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 May 11, 2020

Frank Taylor  
Signature of a member or a

Signature of a member or authorized representative of a member

Ivan A. Taylor

Typed or printed name of signee

**Filing Fee: \$25.00**