## L14000141295

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Ellary Halle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900344502979

05/18/20--01024--005 \*\*25.00

S TALLENT JUN 1 0 2920 2028 HAY 18 PH 2: 06

Market &



ioo4i bird road • miami, florida 33165 Email: campolaw@lisbetcampopa.com • office: 305.229.9797 • fax: 305.229.9798 WWW.LISBETCAMPO.COM

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 Offervides

Paralegal

## **COVER LETTER**

Michael Helbig  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Too-2692  Daytime Telephone Number  S60.00 Filing Fee.  Certificate of Status  Certified Copy  Certified Copy  Certified Copy	Division of Cor			
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		: 8208, LLC		
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  Name of Person  Area Code  The 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  Street  Area Code  Certificate of States  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	300at.C.1.	Name of Lim	ited Liability Company	
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  Name of Person  Area Code  Touched Telephone Number  Enclosed is a check for the following amount:  Securities of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (certified Copy (certified Copy)	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
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 at (305 710-2692 at (305 710-2692) Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee Sould Side Side Side Side Side Side Side Sid	Please return all correspo	endence concerning this matter	to the following:	
Vista Trace 8208, LLC  Finn/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  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$255.00 Filing Fee		Michael Helbig		
Firm/Company    15244 S.W. 140th Street			Name of Person	g:  Person  Inpany  SS  Zip Code  Ure annual report notification)  710-2692  Code  Daytime Telephone Number  Illing Fee & S60.00 Filing Fee. I Copy  Certificate of Status &
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  Name of Person  Area Code  Toaytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		Vista Trace 8208, LLC	Name of Limited Liability Company  ment and fee(s) are submitted for filing.  concerning this matter to the following:  hael Helbig  Name of Person  ta Trace 8208, LLC  Firm/Company  44 S.W. 140th Street  Address  mi. Fl. 33196  City/State and Zip Code  ael.helbig1@me.com  E-mail address: (to be used for future annual report notification)  ng this matter, please call:  at (305 ) 710-2692  Area Code  Daytime Telephone Number  sving amount:  80.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	
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  at (		<del></del>	Firm/Company	<del></del>
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  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy		15244 S.W. 140th Street	Ster to the following:    Name of Person	
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  at (			Address	
E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:		Miami, Fl. 33196	Address  City/State and Zip Code  com  ess: (to be used for future annual report notification)  ase call:  at (	
For further information concerning this matter, please call:  Michael Helbig  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Solutional Copy  Certified Copy		michael.helbigl@me.com		
Michael Helbig  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Too-2692  Daytime Telephone Number  S60.00 Filing Fee.  Certificate of Status  Certified Copy  Certified Copy  Certified Copy		E-mail address: (	to be used for future annual report notif	fication)
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Saytime Telephone Number  S60.00 Filing Fee.  Certificate of Status  Certified Copy  Certified Copy  Certified Copy  Certified Copy	For further information c	oncerning this matter, please c	all:	
Enclosed is a check for the following amount:  \$\Bigsize \text{S25.00 Filing Fee} \to \text{\$30.00 Filing Fee & \$\to \text{\$55.00 Filing Fee & \$\text{\$60.00 Filing Fee}.} \  Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Michael Helbig			
■ \$25.00 Filing Fee	Name o	f Person	Area Code Daytime	e Telephone Number
Certificate of Status Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy	Enclosed is a check for th	ne following amount:		
	■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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		
( <u>Name of the Limited Liability Ce</u> (A Florida Lim	ompany as it now appears on our records.) itted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comp	pany 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 I	Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2077
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	2070 H.I.Y
		8
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:		
New Registered Office Address:	- · · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	Florida	Zip Code
	C Hy	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>	Type of Action
MGR	Ivan A. Taylor	15244 S.W. 140th Street	□ Add
		Miami, Fl. 33196	Remove
			<b>≡</b> Change
MGR	Michael Helbig	15244 S.W. 140th Street	<b>=</b> Add
		Miami, Fl. 33196	□Remove
			□ Change
			□Add
		<del></del>	□ Remove
			Change
			□Add
			Remove
			□Change
			🗆 Add
			Remove
			□ Change
			🗆 Add
			□Remove
			□Change

									_
		<del></del> .							_
	<u> </u>								_
									_
									_
									_
			<u>-</u>						_
									_
	·								_
		·							_
									_
		·-··							_
			-						_
			·-				<del></del>		_
									_
Effective	date, if other t	han the date of	filing:				(optional	)	
f an effecti <u>Note:</u>    If t	ve date is listed, the the date inserted	date must be speci in this block does on the Departmer	fic and canno not meet th	he applicable	ite of filing or a statutory filia	nore than 90 da ng requiremen	ys after filing its, this dat	g.) Pursuant to 6 e will not be li	05.0207 sted as
record sp d is filed.		l effective date, b	ut not an ef	fective time.	at 12:01 a.m.	on the earlie	r of: (b) 1	he 90th day af	ter the
Dated	May	//	 	2020.					
	Ju	11 Signaph	e of a membe	 er or authorize	d representativ	e of a member	·		
		·							
	<ul> <li>Ivan A. Taylor</li> </ul>								

Filing Fee: \$25.00