

L15000000127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

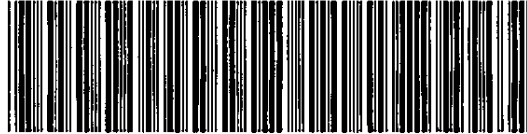
(Business Entity Name)

(Document Number)

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2015 MAR 25 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Visions Group Florida LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne Douglas Back

Name of Person

Firm/Company

4321 River Oak Trail

Address

Lexington, KY 40515

City/State and Zip Code

wdback@gmail.com

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

For further information concerning this matter, please call:

Wayne D. Back

Name of Person

at (859) 913-9373

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Visions Group Florida 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:

W. Douglas Back (Wayne Douglas Back)
Name of Person

Visions Group Florida LLC
Firm/Company

Mailing
address

4321 River Oak Trail
Address

Lexington, Ky 40515
City/State and Zip Code

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

For further information concerning this matter, please call:

W. Douglas Back at (859) 913-9373
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2015

WAYNE DOUGLAS BLACK
4321 RIVER OAK TRAIL
LEXINGTON, KY 40515

SUBJECT: VISIONS GROUP FLORIDA LLC
Ref. Number: L15000000727

RECEIVED
15 MAR 25 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for VISIONS GROUP FLORIDA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 115A00005186

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 MAR 25 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Visions Group Florida 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 1/2/2015 and assigned
Florida document number L15000000727.

This amendment is submitted to amend the following:

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

Visions Group 2020 LLC

The new name must be distinguishable and end with 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)

334 E. Lake Rd
Unit 200
Palm Harbor, FL 34685

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Attn: W.D. Beck
4321 River Oak Trail
Lexington, Ky 40515

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/20/, 2015.

W. Douglas Back

Signature of a member or authorized representative of a member

Wayne Douglas Back

Typed or printed name of signee

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2015 MAR 25 AM 10:48
CLERK OF STATE
TALLAHASSEE, FLORIDA