(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Spoke to Angel Alamo who gave permission to add LLC to the business name.

Office Use Only



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09/19/18--01007--004 **25.00

B FIGUEROA MAR 2 0 2018



March 19, 2018

ANGEL ALAMO 7542 SABRE STREET ORLANDO, FL 32822

SUBJECT: VISIONARY LEADERS INVESTMENTS LLC

Ref. Number: L15000075991

We have received your document for VISIONARY LEADERS INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 618A00005509

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VISIONARY LA CLOS TONGS FORCES F. Jame of Limited Liability Company	2918 HAI DEPAR DIVISION TALLA
The enclosed Articles of Amendment and fee(s) are submitted for filing.	IMEN OFCC HASSE
Please return all correspondence concerning this matter to the following: Add Allamo	AM IO: 18 TOF STATE REPORATIONS E. FLORIDS
Name of Person 15 i DNATY LACUS TNUSY Firm/Company	ments
7542 Sabre Street	
Mando, Fl 32822	
City/State and Zip Code // Comment Over Dividual Comment E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Angl Alamo at (407) 394-600 Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Fil Certificate of Status \$\Bigcup \$60.00 Filing Fee & \$\Bigcup \$60.0	te of Status &

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

(A Florida Limited L	A = A	
The Articles of Organization for this Limited Liability Company Florida document number 4/50007599/	were filed on 1015 and assignment	gned
This amendment is submitted to amend the following;		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words Limited Liability Enter new principal offices address, if applicable:	ments LLC	.C.*
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11/A	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of	f the new
Name of New Registered Agent:		SECRETAR ISION OF
New Registered Office Address: /// / 1	Enter Florida street address	CARPOR SI
	, 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:

$MGR \approx M$ $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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an effective dat ote: If the da	e, if other than the date of filing:	.) Pursuant to 605.0207 (
	vecifies a delayed effective date, but not an effective time, at 12:01 a.m. day after the record is filed.	on the earlier of:
. 11	Prot 16, 2018.	
ited/	\mathcal{O}_{α}	
ated	(GV) (GA)	
ated	Signature of a member or authorized representative of a member	19 MAR

Page 3 of 3

Filing Fee: \$25.00