

L15000155491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

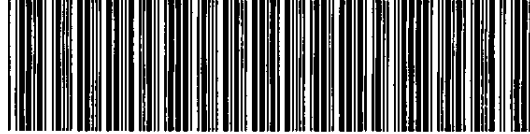
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 NOV -5 P 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 06 2015  
D. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WAVERLY 3407 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:

ALEJANDRO BONET

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

F & S DEVELOPERS INC

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

350 NE 24 STREET STE 108

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33137

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

OFFICE@VISIONMIAMI.COM

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

For further information concerning this matter, please call:

ALEJANDRO BONET

786 510-0241  
at ( )

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

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 NOV -5 PM 1:00

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

WAVERLY 3407, 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 09/11/2015 and assigned  
Florida document number L15000155491.

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: VISION GROUP HOLDINGS, LLC

New Registered Office Address: 2347 BISCAYNE BLVD, Ste 108  
Enter Florida street address

MIAMI, Florida 33137  
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	Vision Miami Real Estate Analytic	1000 Brickell Ave Ste 1005	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Vision Group Holdings, LLC	2347 Biscayne Blvd Ste 108	<input checked="" type="checkbox"/> Add
		Miami, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

Please add also the FEI/EIN number assigned:

38-3982955

2015 NOV -5 P 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 October 26th, 2015



Signature of a member or authorized representative of a member

Alejandro Bonet

Typed or printed name of signee

Form **SS-4**

(Rev. January 2010)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

(OMB No. 1545-0047)

EIN

See separate instructions for each line. Keep a copy for your records.

1 Legal name of entity (or individual) for whom the EIN is being requested <b>WAVERLY 3407, LLC</b>		38-3982955	
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name	
4a Mailing address (room, apt., suite no., and street, or P.O. box) <b>350 NE 24 STREET STE 100</b>		5a Street address (if different) (Do not enter a P.O. box.)	
4b City, state, and ZIP code (if foreign, see instructions) <b>MIAMI, FL 33137</b>		5b City, state, and ZIP code (if foreign, see instructions)	
6 County and state where principal business is located <b>MIAMI-DADE COUNTY, FLORIDA</b>			
7a Name of responsible party <b>F &amp; S DEVELOPERS INC</b>		7b SSN, ITIN, or EIN <b>47-4544447</b>	
8a Is this application for a (limited liability company (LLC) or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <b>2</b>	
9c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) <b>▶</b> _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) <b>▶</b> _____ <input type="checkbox"/> Other (specify) <b>▶</b> _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMAC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any <b>▶</b> _____			
9b If a corporation, name the state or foreign country (if applicable) where incorporated <b>FLORIDA</b>		Foreign country _____	
10 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) <b>▶</b> _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) <b>▶</b> _____			
<input checked="" type="checkbox"/> Banking purpose (specify purpose) <b>▶</b> <b>OPENING BANK ACCOUNT</b> <input type="checkbox"/> Changed type of organization (specify new type) <b>▶</b> _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) <b>▶</b> _____ <input type="checkbox"/> Created a pension plan (specify type) <b>▶</b> _____			
11 Date business started or acquired (month, day, year). See instructions. <b>SEPTEMBER 11, 2015</b>		12 Closing month of accounting year <b>DECEMBER</b>	
13 Highest number of employees expected in the next 12 months (enter -0- if none). (If no employees expected, skip line 14.)		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
Agricultural <input type="checkbox"/> Household <input type="checkbox"/> Other <input type="checkbox"/>			
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) <b>▶</b>			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," write previous EIN here <b>▶</b>			

Third  
Party  
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

EIN OCT 29 2015

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) **SEBASTIAN VELASCO**

Applicant's telephone number (include area code)

( 786 ) 510-0241

Applicant's tax number (include area code)

( 305 ) 503-8345

Signature **▶**Date **▶** 10/27/2015

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 15055N

Form **SS-4** (Rev. 1-2010)

0235551899-205 11/2/11