

L16 0000 37315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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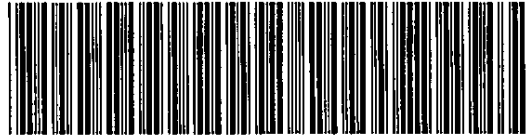
(Business Entity Name)

(Document Number)

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16 JUL 18 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 19 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VISIONNAIRES MIAMI 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:

SIMON CERVI  
Name of Person

VISIONNAIRES MIAMI LLC  
Firm/Company

1111 BRICKELL AV., 11<sup>TH</sup> FLOOR  
Address

MIAMI, FL, 33131  
City/State and Zip Code

SIMON@VISIONNAIRESMIAMI.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMON at 305 913 8589  
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

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

VISIONNAIRES MIAMI 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 2/23/2018 and assigned Florida document number L16000037315

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)

1111 BRICKELL AVENUE  
11TH FLOOR  
MIAMI, FL, 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1111 BRICKELL AVENUE  
11TH FLOOR  
MIAMI, FL, 33131

**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:

SIMON CERVI

New Registered Office Address:

1111 BRICKELL AV., 11TH FLOOR  
Enter Florida street address

MIAMI, Florida 33131  
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>
MR NGR	MARCO BARISONE	430 NW 88 STREET	<input type="checkbox"/> Add
		EL PORTAL, FL	<input checked="" type="checkbox"/> Remove
		33150	<input type="checkbox"/> Change
MR NGR	SIMON GERVI	1111 BRICKELL PN.	<input type="checkbox"/> Add
		11 <sup>TH</sup> FLOOR, MIAMI	<input type="checkbox"/> Remove
		FL, 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRET  
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16 JUN 16 12:16 PM

[illegible]

**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.

Dated 4/11/2018, M/A/H

Typed or printed name of signee

**Filing Fee: \$25.00**

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16 JUL 18 PM 12:16  
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