L160000H843a

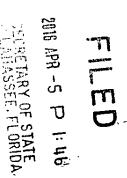
(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200283909692

04/0S/16--01025--010 **30.00



APR 0 8 2016

3 MASON

COVER LETTER

	istration Se sion of Cor			
SUBJECT:	PINA VISI	ON LLC		
SOLDECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		LAZARO PINA		
			Name of Person	
		PINA VISION LLC		
			Firm/Company	
		13793 SW 9TH STREET		
			Address	
		MIAMI, FL 33184		
			City/State and Zip Code	
		PINAVISIONLLC@GMA		
			to be used for future annual report notifi	cation)
For further int	formation co	oncerning this matter, please ca	all:	
IDALMIS PI	NA		305 298-9012	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	ling 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

THE PINA VISION LLC	
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on MARCH 8, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
PINA VISION LLC	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
	
B. If amending the registered agent and/or registered office address here:	

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

TATE.

Zip Code

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>	Address	Type of Action
AMBR	LAZARO G PINA	13793 SW 9TH STREET	□ Add
		MIAMI, FL 33184	☐ Remove
		(ONLY TITLE CHANGE)	■ Change
			Add
			□ Remove
			☐ Change
			Add
		☐ Remove	
			□ Change
			□ Add
		□ Remove	
		Change	
		_	Add
			Remove Remove Remove
		٠.	Remove

. 'If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
 <u> </u>		
		
		
(If an effective Note: If the	date, if other than the date of filing: 03/08/2016 (e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days are date inserted in this block does not meet the applicable statutory filing requirements a effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0207 (3 s, this date will not be listed as th
	I specifies a delayed effective date, but not an effective time, at 12: th day after the record is filed.	01 a.m. on the earlier of:
Dated	08/2016	
	Land	AND PART OF THE PA
	Signature of a member or authorized representative of a member	-5 n
	LAZARO G PINA Typed or printed name of signee	DF STATI

Page 3 of 3

Filing Fee: \$25.00