

LI0000075376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

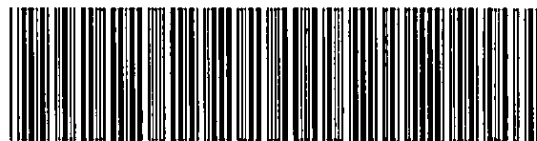
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 18 2017

J SHIVERS



ERIC P. GROS-DUBOIS, ESQ.
DIRECT DIAL: (786) 837-6787
DIRECT FAX: (305) 718-0687
E-MAIL: ERIC@EPGDLAW.COM

July 12, 2017

Via USPS CERTIFIED MAIL

The Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Mundy Cup, LLC / Articles of Amendment: Document number: L1600075376

Dear Sir or Madam:

I am writing to you on behalf of our client, Mundy Cup, LLC, a Florida limited liability company. Attached please find Articles of Amendment to amend the name of the limited liability company.

Should you have any questions regarding the contents of this letter, please do not hesitate to contact me at the telephone number and address provided herein.

Best Regards,

A handwritten signature in black ink, appearing to be 'Eric P. Gros-Dubois', written over a horizontal line.

Eric P. Gros-Dubois, Esq.
For the Firm

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MUNDY CUP, 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:

Eric P. Gros-Dubois, Esq.

Name of Person

EPGD Attorneys At Law, P.A.,

Firm/Company

2701 Ponce de Leon Blvd Ste. 202

Address

Coral Gables, FL 33134

City/State and Zip Code

paralegal@epgdllaw.com

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

For further information concerning this matter, please call:

JESSICA FERNANDEZ

786

837-6787

at ()

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**

MUNDY CUP, 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 04/18/2016 and assigned
Florida document number L16000075376.

This amendment is submitted to amend the following:

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

VISIONMEE, LLC

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)

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