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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Lear VISION LU Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Meg	ON Vega Name of Person	
	Cka	S VISÍO () Firm/Company	
	8010 Sunport C	)(. Ste 115 Address	
	Orlando, FL, 35	City/State and Zip Code	
	Clear vision option	MZOZO EGMON. (O to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	dl:	
Megan Name o	JCG CA of Person	at ( <u>407</u> ) <u>314-7</u> Area Code Daytime	Y20 : Telephone Number
Enclosed is a check for t	he 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:

TO:

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

Clear Visio	in LLC
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp.	any were filed on $8/15/16$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	
Enter new principal offices address, if applicable:	2019 S
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	6 AM 9:29
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:	d office address on our records, enter the name of the r here:
New Registered Office Address:	Enter Florida street address
	, Florida
Now the determination of the state of the st	•
New Registered Agent's Signature, if changing Registered Agent's	
I hereby accept the appointment as registered agent and	agree to act in this capacity. I further agree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	homan DeDonato	610 Crones way # 205	Add
		1010 Crones way # 205 Altomorte Springs, FL 32701	Remove
			Change
			Add
			□ Remove
			□ Change
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			Change
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			Remove
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			Change
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			Change

D. If amending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)
<del></del>	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	(optional) of be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (the applicable statutory filing requirements, this date will not be listed as the records.
f the record specifies a delayed effective date, b) The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
Dated September 15th. 2	019.
	er or authorized representative of a member
Megan V	d or printed name of signee

Page 3 of 3

Filing Fee: \$25.00