116000163465

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| GLOBAL SUBJECT: | VISION EXPANSION LLC | | | |
|-----------------------------|---|---|---|--|
| 30b,ECT: | Name of Lin | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | CARLOS I SIERRA | | | |
| | | Name of Person | | |
| | GLOBAL VISION EXPA | NSION LLC | | |
| Firm/Company | | | | |
| | 3428 SW 171 TERRACE | | | |
| | | Address | | |
| | MIRAMAR, FL. 33027 | | | |
| | | City/State and Zip Code | | |
| | oscar.castrillon@taxcareine | com | | |
| | l:-mail address: (| to be used for future annual report notifi | ication) | |
| For further information c | oncerning this matter, please co | all; | | |
| Osear Castrillon | | 954 665 5315 | | |
| Name o | r Person | at () Area Code Daytime | Telephone Number | |
| Enclosed is a check for the | ne 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

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

| GLOBAL VISION EXPANSION LLC | | |
|---|---|------------------------------|
| (Name of the Limited Liability (A Florida | y Company as it now appears on our record Limited Liability Company) | <u>.</u> 1 |
| The Articles of Organization for this Limited Liability Co | ompany were filed on | and assigned |
| Florida document number 1.16000163465 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit The new name must be distinguishable and contain the words "Limit | ted liability company here: | 2 7 |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC | " or the abbreviation (4.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDR | ESS) | - P O |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | s, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | ` |
| | | orida |
| | City | $z_{ip} \cup ode$ |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| Title | Name | <u>Address</u> | Type of Action |
|-------|-----------------|---------------------|---|
| MGR | CARLOS I SIERRA | 3428 SW 171 TERRACE | |
| | | MIRAMAR, FL. 33027 | ☐ Remove |
| | | | ☐ Change |
| MGR | SARA I GARCIA | 3428 SW 171 TERRACE | □ Add |
| | | MIRAMAR, FL. 33027 | Remove |
| | | | ■ Change |
| | | | Add |
| | | | Remove |
| | | | DERemove FILED ON SIGN ON S |
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| fective date, if other than in effective date is listed, the date | the date of filing: | prior to date of filing or i | (optio nore than 90 days after | nal) filing,) Pursuant to 605.020 |
| ote: If the date inserted in the cument's effective date on the | is block does not meet the ap | plicable statutory fili | ng requirements, this | date will not be listed a |
| record specifies a dela The 90th day after the | yed effective date, but record is filed. | not an effective | time, at 12:01 a | .m. on the earlier o |
| June 29 | 2017 | | | |
| a '. = | Signature of a member or | | | |
| (June Q | | · | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00