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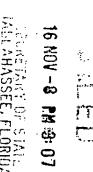
(Re	questor's Name)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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CUD IECT.	VISION FL	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	,
Please return	all correspo	ndence concerning this matter	to the following:	
		CELSO MORAES		
			Name of Person	
		ASSELFIS INTERNATIO	NAL, LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · ·
		7751 KINGSPOINT UNIT	`128	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		CELSOVM@ASSELFIS.C		#1-0-00 (0-a)
For further i	nformation c	e-mail address: (to be used for future annual report not all:	incauon)
CELSO MO	RAES	•	407 765-4480	
	Name o	f Person	at ()	ne Telephone Number
Enclosed is	a check for th	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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VISION FL LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number L16000177622	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)	<u> </u>
		<u> </u>
		£1, 2
Enter new mailing address, if applicable:		SS
(Mailing address MAY BE A POST OFFICE BOX)		
		S. O
B. If amending the registered agent and/or register	ered office address on our re	cords, enter the name of the nev
registered agent and/or the new registered office address	ess nere:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street	address
		
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	•	·
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity omplete performance of my duti ent as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
1		

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>	Name	Address	Type of Action			
AMBR C	CELSO S MORAES	9145 NARCOOSSEE RD				
		ORLANDO, FL	■ Remove			
		32827, US	Change			
			□ Remove			
			☐ Change			
			Remove			
			Change on			
			NOV - 8			
			Remove			
			On Change			
			Add			
			□ Remove			
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ffective date, if other than the date of filing:	ntional)	0.3	ф	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a lote: If the date inserted in this block does not meet the applicable statutory filing requirements, occument's effective date on the Department of State's records.	ptional) after filing.) this date	EE, FLORESIAN	₽	1
e record specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. (on the e	earlier	. 0
The 90th day after the record is filed.				
OCTOBER 31TH 2016				
ated				
Signature of a member or authorized representative of a member				

Page 3 of 3

Filing Fee: \$25.00