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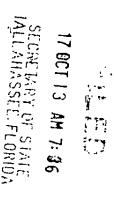
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

10:	Division of Cor			
SUBJEC				
COBSEC		Name of Limit	ted Liability Company	-
The encl	osed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter to	o the following:	
		BARBARA RHEINECKER	₹	
			Name of Person	_
			Firm/Company	_
		Firm/Company 6701 BRYAN DAIRY ROAD, UNIT 401 Address CLEARWATER, FL 33777 City/State and Zip Code BARB@ENTERCOASTALREALESTATE.NET E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: HEINECKER Name of Person Area Code Daytime Telephone Number Daytime Telephone Number \$55.00 Filing Fee & Certificate of Status & Cert		
Address CLEARWATER, FL 33777				
		CLEARWATER, FL 33777	7	
				
		_		-
For furth	ner information c			
BARBA	ARA RHEINECH	KER	314 393-9343	
Name of Person			Area Code Daytime Telephone Numb	er
Enclosed	l is a check for t	ne following amount:		
\$25.	90 Filing Fee		Certified Copy Certific (additional copy is enclosed) Certific	cate of Status & ed Copy
	Registr Divisio P.O. Bo	ration Section	Registration Section	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTERCOASTAL LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Visionia Limited Liability Company)	
The Articles of Organization for this Limited Liab	bility Company were filed on08/11/2017	and assigned
Florida document number 1.17000171695	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>e</u> ce address here:	nter the name of the new
Name of New Registered Agent:		- 20 PR
New Registered Office Address:	Enter Florida street address	SSE!
	Enter Piorida street address	Property of the second
N. B. Jan Jan A. M. B. Jan	City	Zip Code
New Registered Agent's Signature, if changing Reg	zistered 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>	Address	Type of Action
MGR	JAMES GIBSON	6701 BRYAN DAIRY ROAD. STE 401	
		CLEARWATER, FL 33777	■ Remove
		6701 BRYAN DAIRY ROAD, STE 401	Change
MGR	BARBARA RHEINECKER	CLEARWATER, FL 33777	= Add
			☐ Remove
			Change
			Add
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	e date on the Departi			ory gq	ems. m. dan		. 00 11,70	
record specifi he 90th day a	ies a delayed effo after the record i	ective date, bis filed.	ut not an effe	ective time, at 1	.2:01 a.m.	on the	: earli	er
ed October 7	, 		· · · · · · · · · · · · · · · · · · ·					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00