## 1180000 49816

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

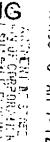


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SEP 2 1 2020

S. YOUNG



## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
	K VISION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANDRES HURTADO		
		Name of Person	<del></del>
	PRODEZK INC		
		Firm-Company	
	5040 NW 7TH ST STE 70	5	
		Address	
	MIAMI, FL, 33126		
		City/State and Zip Code	
	INFO@PRODEZK.COM  E-mail address: 1	to be used for future annual report no	ntification)
For further information c	oncerning this matter, please c		
ANDRES HURTADO		786 2338521 at ()	
Name o	i Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Conified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
" 4		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration ! Division of C		Registration S Division of Co	
P.O. Box 632	27	The Centre of	•
Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEEDDING IC TISION BISC		<u>e</u>
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number $\frac{118000049816}{1}$	Company were filed on 02/23/2018	and ansigned
This amendment is submitted to amend the following	:	7: 12
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
<del></del> -		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

FEEDBACK VISIONALIC

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>	Name	Address	Type of Action
MGR	MARCELA DE ZARATE	5040 NW 7TH ST STE 705	
		MIAMI, FL. 33126	■Remove
			□Change
			□ Add
			□Remove
		<del></del>	□Change
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
			□Change
			□Add
		<del></del>	□Remove
		<del></del>	☐ Change
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Filing Fee: \$25.00