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2019 SEP -9 PM 3: 13

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## **COVER LETTER**

Division of Corp	orations		
SUBJECT: You	man Enterpri Name of Limit	ses LLC.	<del></del>
	Name of Limit	ей главино Сонрану	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
·			
	Shukethia	a Troutman Name of Person	
	Troutman	Enterprises, L	LC.
	620 Bonn	ie Drive Address	
	Lakeland Shukethia	FL 33803 City/State and Zip Code  Small Com  o be used for future annual report notific	estion)
Los finether information cor	ncerning this matter, please ca		
To turner intoxination con	- matter, preuse ea		
Shukethia	Troutman	m(863) 212-	3086
Name of I		Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

**Registration Section** 

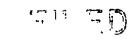
TO:

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



2319 SEP -9 PM 3:

#### TROUTMAN ENTERPRISES, LLC

(Name of the Limited	Liability Company as it now appear Visionida Limited Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Lia  Florida document number	bility Company were filed on	06/28/2018	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)	<del>-</del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B			
B. If amending the registered agent and/o registered agent and/or the new registered offi		our records, enter	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Street Address:	Enter Flor	ida street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Re			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company.	r and complete performance of ered agent as provided for in C egistered office address, I hereb	my duties, and I am Thapter 605, F.S. Or	familiar with and ; if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member **Type of Action Title Address** Name Joan Huggins P.O. Box 1124 DAdd

Lakeland, FL 33849-1124 Remove ☐ Change □ Add \_□ Remove \_□ Change □ Add □ Remove □ Change \_ 🗆 Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change

ti amending Authorized refson(s) authorized to manage, enter the

or removed from our records:

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ffect	ive date, if other than the date of filing: (optional)
f an ef	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the control of State
юсин	ent's effective date on the Department of State's records.
e re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
	9/6/19
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	whether Nortmen
	Signature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00