

L18000187736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

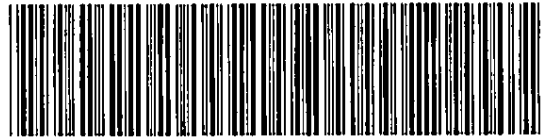
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800332768358

08/06/19--0101/--011 \*\*30.00

AUG 12 2019  
S. YOUNG

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 AUG -6 AM 7:37

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

VISIONARY EMPIRE LLC

SUBJECT: \_\_\_\_\_

EMPIRE

DM. 8-30-19

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL MOORE

\_\_\_\_\_  
Name of Person

VISIONARY EMPIRE LLC

\_\_\_\_\_  
Firm/Company

14431 NW 13RD

\_\_\_\_\_  
Address

MIAMI FL 33169

\_\_\_\_\_  
City/State and Zip Code

DEELOESO305@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL MOORE

786

9236569

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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  
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**

VISIONARY EMPIRE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/31/2018  
Florida document number L18000187736

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

14431 NW 13RD  
MIAMI, FL 33169 UN  
MIAMI FL 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 681777  
MIAMI, FL 33168  
MIAMI FL 33168

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

DANIEL MOORE

New Registered Office Address:

14431 NW 13RD

Enter Florida street address

MIAMI

Florida 33169

City

Zip Code

**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

FILED  
19 AUG - 6 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIEL MOORE	P.O.BOX 681777 MIAMI FL 33168	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL MOORE	P.O.BOX 681777 MIAMI FL 33168	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	DANIEL MOORE	P.O.BOX 681777 MIAMI FL 33168	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CIERA ANDERSON BAYLOR		<input type="checkbox"/> Add
		P.O.BOX 681777 MIAMI FL 33168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	CERENITY MOORE		<input type="checkbox"/> Add
		P.O.BOX 681777 MIAMI FL 33168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	<del>CERENITY MOORE</del> Daniel Moore Jr 8-30-19 Em.		<input type="checkbox"/> Add
		P.O.BOX 681777 MIAMI FL 33168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

CERENITY M MOORE, DANIEL MOORE JR. AND CIERA ANDERSON BAYLOR IS TO BE REMOVED

FROM THE COMPANY AS OF NOW

JULY / 30 / 2019

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

JULY / 30 / 2019

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

DANIEL MOORE

\_\_\_\_\_  
Typed or printed name of signee