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(Re	equestor's Name)	
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SECRETARY OF STATE

Cis FI KAL

COVER LETTER

TO: Registration Section Division of Corp			2
SUBJECT: SOUTS	nern Vision	Movers, LLC	
	Name of Lim	ited Liability Company	
			75.2
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	1457
Please return all correspond	dence concerning this matter	to the following:	Office to
	Jessica Ski	Name of Person	
		Firm/Company	
	1340 Crown	TSU CICLL Address	
	Apopka, FL	33013- City/State and Zip Code	
	Southern (E-mail address: (to be used for future annual report notifi	mail-com
For further information cor	ncerning this matter, please ca	all:	
JUSSICA SKI	nur Person	at (40) 431-4 Area Code Daytime	Y 1 S Telephone Number
rume of t	Cison	And Code Dayline	relephone 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)
Registrat	IG ADDRESS: ion Section of Corporations 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	10	3
ARTIC	LES OF ORGANIZATION	Olo .
	OF	金色 发
\cap		
Inuthern Vision	Malors, ILC.	75 mg
(Name of the Limited I	iability Company as it now appears on our records.) Florida Limited Liability Company)	TO S. S.
(0.1		All Carry By L. L.
The Articles of Organization for this Limited Liabi	lity Company were filed on 11118	and assigned
Florida document numberW 18000 8028	8 .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Southern Vision Friter		
The new name must be distinguishable and contain the words		r the abbreviation "L.L.C."
-		
Enter new principal offices address, if applicable	e:	
<u>(Principal office address MUST BE A STREET A</u>	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	
		-
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:		
Name Designated Office Address		
New Registered Office Address:	Enter Florida street address	
-	, Floric	da 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

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 Bledsoe		
		2315 Taylor St. Mulcolle, Tl	DY753
			Change
Mere	Man IRISICA Skinner	1340 Crown Isle Circle April	715 C Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
	 		D Add
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(If an ef <u>Note:</u>	ive date, if other than the date of filing: \(\frac{1}{208} \) \(\frac{8}{200} \) (optional) Tective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Tinuary 7. 2019.
	e de
(Signature of a member or authorized representative of a member
	James Elledsoe Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00