

L190000 78428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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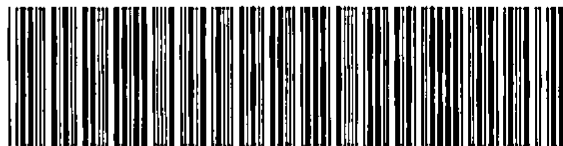
(Business Entity Name)

(Document Number)

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19 MAY 22 AM 7:54  
U.S. DISTRICT COURT  
NORTH DAKOTA

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JUN 08 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VISTA FIBER, LLC  
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:

JONATHAN JERNIGAN

Name of Person

VISTA FIBER, LLC

Firm/Company

981 HWY 98 E, SUITE 3179

Address

DESTIN, FL 32541

City/State and Zip Code

JONATHAN@VISTAFIBER.NET

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

For further information concerning this matter, please call:

JONATHAN JERNIGAN

\$50

420-0646

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**

VISTA FIBER, 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 MARCH 20, 2019 and assigned  
Florida document number 119000078428.

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 "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

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

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>
MBR	JEFFREY C. ANDERSON	940 SANTA ROSA BLVD., APT. 1211	<input type="checkbox"/> Add
		FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	NORMAN L. BUTLER	244 ECHO CIRCLE	<input type="checkbox"/> Add
		FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONATHAN JERNIGAN	981 HIGHWAY 98 E, SUITE 3179	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	DION J. MONIZ	6310 AUGUSTA COVE	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

1. JEFFREY ANDERSON AND NORMAN BUTLER HAVE RESIGNED FROM THE COMPANY AND ARE BEING REMOVED AS MEMBERS.

2. JONATHAN JERNIGAN IS BEING CHANGED FROM MEMBER TO MANAGER.

3. DION MONIZ IS BEING ADDED AS MEMBER.

FILED  
MAY 22 AM 7:54  
JERSON

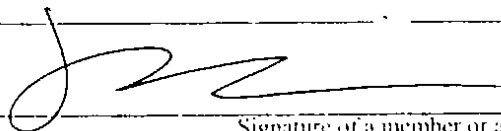
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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.

Dated MAY 20, 2019



Signature of a member or authorized representative of a member

JONATHAN JERNIGAN

Typed or printed name of signee