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!T:

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: VISion Realty + Investment Group, 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:			
Merdis limmins Name of Person			
Firm/Company			
3408 Brit Branch Trail			
Tallahassee, FL 32312			
City/State and Zip Code V+Vi Si On ac quisitions @ gmail. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Merdis Timnon 31(850) 322-7828			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
S25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \{ Certified Copy \\ (additional copy is enclosed) \\ (additional copy is enclosed) \$\Bigcup \{ Certified Copy \\ (additional copy is enclosed) \\ \Bigcup \{ Certified Copy			

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

VT Vision R	ealty + Investment Group, LLC
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on $\frac{5 3 2019}{2019}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	quisitions, L.L.C.
	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 ADDRE	<u> </u>
	37
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2 ² 5
Manning dualities IPIT DE 711 OBT OF 11 CD DOXE	<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Ziv 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 **Type of Action** Address **Title** <u>Name</u> _□ Add _□ Remove _□ Change □ Add ☐ Remove □ Change □ Remove □ Change 375 □ Add □ Remove □ Change □ Add ☐ Remove □ Change □ Add ☐ Remove _□ Change

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Typed or printed name of signee

Filing Fee: \$25.00