## L19000 174691

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## **COVER LETTER**

TO:

TO: Registration S Division of Co			
PJ Future SUBJECT:	Vision Holdings, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Peter Kennedy		
		Name of Person	<del></del>
	PJ Future Vision Holdings	, LLC	r-3
		Firm/Company	
	524 Tung Hill Drive		2923177 27
		Address	: 2
	Tallahassee FL, 32317		,
		City/State and Zip Code	<u></u>
	peter.kennedy@monrefuge	· ·	, თ
For further information	concerning this matter, please c	to be used for future annual report notific	ation)
Peter Kennedy	3	804 356-5768	
Name	of Person	at () Area Code Daytime T	Felephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PJ Future Vision Holdings, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L19000174691.	were filed on July 5, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	
Enter new principal offices address, if applicable:	524 Tung Hill Drive	
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee FL, 32317	
		······································
Enter new mailing address, if applicable:	524 Tung Hill Drive	: <u>?</u>
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee FL, 32317	<u> </u>
B. If amending the registered agent and/or registered office	address on our records, <u>enter t</u>	he name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zin 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 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

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□Add	

From: Peter Kennedy at 50% ownership and John Polisknowski at 50% ownership		
To: Peter Kennedy at 100% ownership and John Poliski	nowski at 0%	
	202	
	<u> </u>	
	22	
	<del>-</del>	
Newson	er 21, 2023	
ective date, if other than the date of filing:	or to date of filing or more than 90 days after filing.) Pursuant to 60	
e: If the date inserted in this block does not meet the applument's effective date on the Department of State's record	licable statutory filing requirements, this date will not be lis	
ord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day af	
ed November 21 20	193	
Signature of a member or aut	thorized refresentative of a member	

Filing Fee: \$25.00

Typed or printed name of signee