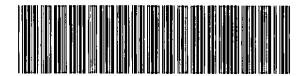
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(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	St of Visions	ited Liability Company	·
	,		
The contract Aminton of	Annual control of the CN control	article de Constitution	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Mildred	Mereus Name of Person	
		Firm/Company	
	8060 NW 0	ilen Ter 107 Address	
	Tamarac Fl	- 33372 City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Mildred N		ar (954_) 338-6	ie51
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
X S25.00 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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

U	'r
MS+ of VISIONS L (Name of the Limited Liability Compa (A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	2060 NW 96" Ter 107
(Principal office address MUST BE A STREET ADDRESS)	·
	Tamarac, FL 33321
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
Van Daritarand Annual Charles 15 Lancia Daritara 15 Lancia	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>	Address	Type of Action
AMBR Mildred Mereus	Mildred Mereus	8060 NW 96th Ter 107	[X /\dd
		□Remove	
	Tamarac FL 33321	□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		🗆 Add	
		□Remove	
		□Change	
		🗀 Add	
		□Remove	
		□Change	
		🗆 Add	
		·	□Remove
			□Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
(If an effec <u>Note:</u> Ti	e date, if other than the date of filing: 4 2020 (optional) tive 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)(The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
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 d.
Dated _	Apr. 126th 2020.
	Signature of a member or authorized representative of a member
	Mildred L Mereus Typed or printed name of signee