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	(Document Number)
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Amend

SEP 0 5 2019 LALBRITTON

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: VISIONALY INVESTMENT GROUP LLO Name of Limited Liability Company
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Name of Person
	Visionary INVESTMENT 6,000 LLC Firm/Company
	S616 56th way
	West palm Beach, Fl., 33409 City/State and Zip Code
	Visionary investment. 6776) amail. (om E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$ \$25.0	00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (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

VISIONARY INVEST	MENT GROUP LLC
(Name of the Limited Liability Con (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 19000205357</u> .	ny were filed on $\frac{OB/12/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the rere</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent and a	gree to act in this capacity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ORTIZ, EDSON J	2769 10th Ave Apt 303	Add Kemove Change Add Remove Add Remove Add Remove Add Remove Change
		2769 10th Ave Apt 303 Palm Springs, FL, 33461	P Remove
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If an effective Note: If the	date, if other than the date of filing:	5,020 ted a
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling day after the record is filed.	er
Dated	08/21 . 2019. Doe A. Cacin	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00