## 119000242906

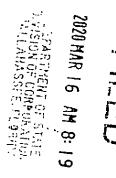
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S. YOUNG

## COVER LETTER

Tallahassee, FL 32314

	ition Section of Corpo					
Visi	ionary. L1 (					
SUBJECT:			ted Liability Company	<u> </u>	· <del></del>	
The enclosed Art	icles of An	tendment and feets) are sub-	nitted for filling.			
Please return all c	correspond	ence concerning this matter	to the following:			
		Hernán Javier Jiménez Alv	arez			
			Name of Person	-	<del></del>	
		Visionary, LLC				
Firm Company						
		5210 o5th St N Apt 12				
			Address	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
		St. Petersburg, FL 33709				
			City State and Zip Code			
		E-mail address: ()	o be used for future annual r	eport notification	1)	
For further inforr	nation con	cerning this matter, please co	ill:			
Hermán Javier Jiménez Alvarez		787 503 at ()	-8091			
	Name of P	erson	Area Code	Daytime Tele	phone Number	
linclosed is a che	eck for the	following amount:				
I \$25.00 Filing	g Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is encl		☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Division	ldress: ation Section 1 of Corpora atre of Tallah	tions		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

200

Visionary LLC		量五
( <u>Name of the Limited Liabili</u> (A Florid:	ty Company as it now appears on our red (Limited Liability Company)	sords.) Sorting on Inc.
The Articles of Organization for this Limited Liability C Florida document number 1.19000242906	Company were filed on 09 26 2019	am assigned
This amendment is submitted to amend the following:		<b>4</b>
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records. <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	adress
		. Florida
<del></del>	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 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>	Type of Ac ion
President	Hernán Javier Jiménez Alvarez	52111 45th st. Apt. 12	<b>X</b> (Add
		51. Peters burg, FL 33709	
			<b>C</b> hange
Secretary	Ashley C. Chestaro	5210 65th St Apt. 12	
0	O	5210 65th St Apt. 12 St. Petersburg h 3370	<u> </u>
			Change
<del></del>			□Add
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Typed or printed name of signee