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COVER LETTER

Division of Corporations
SUBJECT: Vision 6106Al Networking L.L.C. 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:
JAZMIN LEPA-R Name of Person
Vision Global networking 1. L.C.
8726 Alegre cincle
OR) F 3:2836 City/State and Zip Code
Femil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Vision Limited Liability Company as it now appears
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	many were filed on 06/20	120 20. and assigned
Florida document number \(\sum_{\chi}\chi_{\chi}\)	12	and assigned
This amendment is submitted to amend the following:		
A. If amonding name antouthe name of the limits	11.196	至当
A. If amending name, enter the new name of the limited	i <u>liability company here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.QC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	, I	Florida Zin Code
New Registered Agent's Signature, if changing Registered Ag	•	z.ip Code

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 A	Authorized Person(s) autlom our records:	norized to mana	ige, enter the title, name, ar	nd address of each p	erson being added
MGR = Mai AMBR = Aut	nager thorized Member				
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