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SECRETARY OF SHATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	rations			
SUBJECT:	Vision Real Name of Limi	EState Ground Liability Company	P, LLC	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please return all correspond	ence concerning this matter t	to the following:		
·				
	Alexander A	Pontillo Name of Person		
	Division Rea	Estate Gra	or, LLC	
	4164 NW 2nd	TCC Address		
	Boca Ra	ton, FL 33	431	
	a a Pont	city/state and zip Code	n	202
		o be used for future annual re		一點言了
For further information con	cerning this matter, please ca	all:		1 2 ×
Alexander A Name of P	_	at (<u>501</u>) Area Code	P 3-7788 Daytime Telephone No	2020 JUL 27 MH 8: 23 TALL AHASSE FILE Imber
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)	Cer osed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy litional copy is enclosed)
Mailing Address: Registration Se Division of Cor		-	dress: tion Section of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Division</u> Keal Estate	GrovP, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company w	vere filed on <u>7 - 9 - 20</u>	and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne abbreviation "L	L.C."
Enter new principal offices address, if applicable:			 -
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		, <u></u>	
B. If amending the registered agent and/or registered office ad	dress on our records, <u>enter the n</u>	ame of the nev	v registere
agent and/or the new registered office address here:		20 JI	i ngang
			\$ g
Name of New Registered Agent:		7.4S	* : hp
New Registered Office Address:			Tian
	Enter Florida street address	<u> </u>	
	, Florida	23	
	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>	Address	Type of Action
MGR	Alexander A Pontillo	4164 NW 2nd Ter, Boca Raton, FL 3343	Add
			□Remove
			□Change
			□Add
			□Remove
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or mate: If the date inserted in this block does not meet the applicable statutory filing current's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant ng requirements, this date will not	t to 605.020 be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.		ay after the
TVIY 23 , 2020. Signature of a member or authorized representative		
7 A		
A Ponture of a member or authorized anneadation	of a member	

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