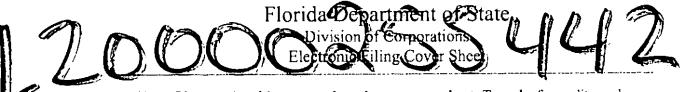
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000379722 3)))



H200003797223ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. ** '

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VISIONS ALLIANCE LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help



https://efile.sunblz.org/scripts/efilcovr.exe

COVER LETTER

	Registration Sec Division of Cor			
CHO FEC		ALLIANCE LLC		
SUBJEC	1:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-		
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		sspiers_2000@yahoo.com		
		·	to be used for future annual report no	ditication)
For furth	er information c	oncerning this matter, please co	ill:	
Cheyenr	ie Moseley		800 773-0888 at ()	
	Name o	T Person	Area Code Daysi	me Telephone Number
Enclosed	is a check for the	he following amount:		
□ \$25.0	00 Filmg 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)
			ern cerveou	DICE CREECE.

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

VISIONS ALLIANCE LLC (Name of the Limited Liability Compa (A Florida Limited)	any ny it uow appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000255442</u>	were filed on 08/19/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	flity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3020 Terracap Way, Apr #4306	2020
(Principal office address MUST BE A STREET ADDRESS)	Estero, FL 33928	<u>o</u> T
Enter new mailing address, if applicable:	3020 Terracap Way, Apt #4306	
(Mailing address MAY BE A POST OFFICE BOX)	Estero, FL 33928	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>en</u> re:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floriau street address	
	Enter Floriau street address, Florida	Zip 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Soren Spiers		□ Add
			Remove
		3020 Terracap Way, Apt #4306 Estero, FL 33928	■ Change
AMBR	Maria Spiers		
			Remove
		3020 Terracap Way, Apt #4306 Estero, FL 33928	■ Change
			2020 A
			□ Change
			会 Adp に Remove
			☐ Change
			D Add
			D Remove
			Change
			Remove
			Сһапде

-				
_		····	<u> </u>	
_				
-				
-				
-				
		<u> </u>		
-				
		,	20,	
•			20 X (
•		1.	020 KOV -	-
•		· ; _	₩	- { - P
•			A# ====================================	Ĺ
			<u> </u>	•
•				
Effect	ive date, if other than the date of filing: (option of the date of filing or more than 90 days uffer the date is listed the date must be specific and cannot be prior to date of filing or more than 90 days uffer the date of filing or more than 90	onal) Glim) Pursuar	u ta 603 03	907 C
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this	date will not	be listed	as th
doeun	ient's effective date on the Department of State's records.			
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a	i.m. on the	earlier	of:
) The	90th day after the record is filed.			
Dated	october 19, 2020.			
	Signature of a member or authorized representative of a member	 _		
	Carra Saiora			
	Soren Spiers Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00