621000121088

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration S Division of Co						
IVISION \	WINDOWS AND DOORS LLC	:				
SUBJECT:	Name of Lim	nted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	CASSIA DOSSANTOS					
		Name of Person				
	D.SPARK SERVICES LL	C				
Firm Company						
771 S. KIRKMAN RD / SUITE 106					r.3	
		Address				
	ORLANDO / FL / 32811			•		
		City/State and Zip Code		-		
	DSPARKBUSINESS@GM			•		
		to be used for future annual report notif	lication)	:	1: 26	
For further information	concerning this matter, please c	ail:		,		
CASSIA DOSSANTOS		407 669-2090 at ()				
Name	of Person	Area Code Daytime	e Telephone Number			
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 radditional copy is enclosed)	Certified	e of Statu		
Mailing Addre		Street Address:	vion			
Registration Division of (Section Corporations	-	Registration Section Division of Corporations			
P.O. Box 63	27	The Centre of T	allahassee			
Tallahassee	FI 32314	2415 N. Monroe	Street Suite 8	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVISION WINDOWS AND DOORS LLC		
(Same of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 03/15/2021	and assigned
Torida document number L21000121088		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
VISION GROUP LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal offic <u>e address MUST BE A STREET ADD</u>	RESS)	
.		· · · · · · · · · · · · · · · · · · ·
Inter new mailing address, if applicable:		်းကြုံ တ
**		·-
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registere gent and/or the new registered office address here: 		ie name of the new regi
gent and/or the new registered office address here.		
No. 10 China Davido and Count		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	Cuy	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 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
			□Add
			Remove
			□Change
			□ Remove
		<u></u>	□Change
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ective date, if other than the effective date is listed, the date in this furnient's effective date on the	ust be specific an block does not	d cannot be price meet the appli	r to date of filin cable statutor			īling.) Pu	
cord specifies a delayed effect s filed.	ive date, but no	t an effective	ime, at 12:01	a.m. on the ear	flier of: (b)	The 90	th day after th
ed		2024	·				
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