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COVER LETTER

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TO:	Registration So Division of Co			
SUBJE	СТ:	NEW VISTON C	Leaning LC ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Cha	Name of Person	
		NEW	Vision Cleaning Firm/Company	<u>((C</u>
		7405W 15	-St Homesford Fl	33034
			rudiess	
		Ho mestas	City/State and Zip Code	
			City/State and Zip Code 20 7 66 Mg 1 Co Mg to be used for future annual report no	
For furt	her information c	oncerning this matter, please ca	all:	
	Charb	Dorse;	at (166) 259	_2134
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclose	d is a check for t	ne following amount:		
Q 5 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
	Mailing Address		Street Address: Registration S	-utio=

Registration Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314 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

NEW Vision C	Steaving LCC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	any <u>as it now appears on our records.)</u> Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 上2100016859/	were filed on April 12,2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	pility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ility Company." the designation "L.L.C" or the 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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 Action
MGR	Charlas Dorsey In	140 SW 15 st Homet 1 33	<i>034</i> □Add
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ote:	ive date, if other than the date of filing: April 37, 2021 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.
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ated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00