K21000179952

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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COVER LETTER

Division of Corpo	rations		
SUBJECT: VISION	runners LL		
	Name of Lim	nited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Keisha e	Name of Person	
		Firm/Company	
		76 Street Address	
	m/4m1 -	// 33138 City/State and Zip Code	
	Kejsha e E-mail address: (City/State and Zip Code Lm and a ymail. Co to be used for future annual report notifi	Dry
For further information con-	cerning this matter, please c		
Keisha eda	nond	at (<u>786)</u> <u>923</u> Area Code Daytime	6952
Name of I'	erson	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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address	

Registration Section
Division of Corporations P.O. Box 6327

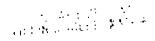
TO:

Registration Section

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



VISION runners LLC	2	21 HAY 17	PM 3: 45
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our lability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000179952</u> .	were filed on	19,202	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designatio	n "LLC" or the abb	previation "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:	ddress on our records,	enter the name	e of the new registered
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:			
	Enter Florida street		
	City	, Florida	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 = AMBR =	Manager Authorized Member		21 HAY 17	THE K. THE	
<u>Title</u>	<u>Name</u>	Address	21 HAY 17	PM 3: 45	Type of Action
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effective date, if other than the confective date is listed, the date must if the date inserted in this blo ment's effective date on the Department.	ck does not med	et the applicabl	date of filing or n e statutory filin	nore than 90 d	_ (optional) ays after filing ents, this date).) Pursuant to 605. will not be liste	
ord specifies a delayed effective filed.	date, but not ar	effective time	, at 12:01 a.m.	on the earli	erof:(b) Ti	ne 90th day after	
a August 13	,	2021	-				
a August 13	Signature of a mea	wi					