

8/10/22, 12:50 PM

Division of Corporations

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Florida Department of State  
 Division of Corporations  
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130

Phone : (954)345-7888

Fax Number : (786)713-1940

**\*\*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  
NEW VISION TR LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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AUG 11 2022

C. Brumblay

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW VISION TR LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned  
Florida document number 1.21000225230.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SOLLTIONS BY ACCOUNTANTS INC

New Registered Office Address:

1549 NE 123RD ST

Enter Florida street address

NORTH MIAMI

City

Florida

33161

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

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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 | Name                    | Address          | Type of Action                             |
|-------|-------------------------|------------------|--|
| MGR   | MANUEL RODRIGUEZ TARTAC | 2127 BRICKELL AV | <input type="checkbox"/> Add               |
|       |                         | MIAMI, FL 33129  | <input checked="" type="checkbox"/> Remove |
|       |                         |                  | <input type="checkbox"/> Change            |
|       |                         |                  | <input type="checkbox"/> Add               |
|       |                         |                  | <input type="checkbox"/> Remove            |
|       |                         |                  | <input type="checkbox"/> Change            |
|       |                         |                  | <input type="checkbox"/> Add               |
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|       |                         |                  | <input type="checkbox"/> Remove            |
|       |                         |                  | <input type="checkbox"/> Change            |

