

K21000248468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

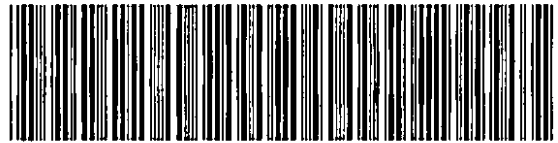
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/21--01030--014 **25.00

2021 JUN 18 AM 12:47



ICARD MERRILL

ATTORNEYS & COUNSELORS

J. Geoffrey Pflugner
Attorney at Law

June 17, 2021

8470 Enterprise Circle
Suite 201
Lakewood Ranch, FL 34202
941.907.0006
Fax: 941.552.0108
jpflugner@icardmerrill.com

Secretary of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Via UPS Overnight Delivery

icardmerrill.com

Re Amendment to Visterra Associates, LLC Articles of Organization

Ladies/Gentlemen:

We are enclosing a check for an additional \$25.00 as we have called and emailed to no avail to ask whether a \$25.00 fee is due for changing the registered agent in an amendment. While we don't believe it is necessary to pay the additional \$25.00 we are enclosing two checks; one for the amendment and one for changing the registered agent.

As our calls have not been returned and emails unanswered, we want no holdup in filing the amendment due to insufficient funds so this is our only alternative. If the additional check is unnecessary, please return it to our office.

Thanks.


Debbie Martin

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vistara Associates, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Geoffrey Pflugner

Name of Person

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

Firm/Company

8470 Enterprise Circle, Suite 201

Address

Bradenton, FL 34202

City/State and Zip Code

jpflugner@icardmerrill.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Geoffrey Pflugner

941 907-0006
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

Vistera Associates, 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 05/27/2021 and assigned
Florida document number L21000248468.

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:

J. Geoffrey Pilugner

New Registered Office Address:

8470 Enterprise Circle, Suite 201

Enter Florida street address

Bradenton

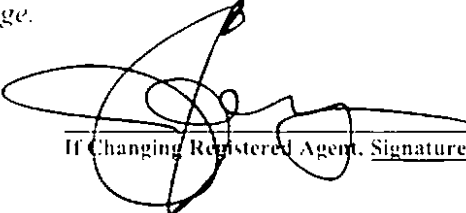
City

Florida 34202

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Nancy Reynolds	5800 Lakewood Ranch Blvd.	<input type="checkbox"/> Add
		Sarasota, FL 34240	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	Pamela Curran	5800 Lakewood Ranch Blvd.	<input type="checkbox"/> Add
		Sarasota, FL 34240	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	Priscilla G. Heim	5800 Lakewood Ranch Blvd.	<input type="checkbox"/> Add
		Sarasota, FL 34240	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Frank Cassata	7507 S. Tamiami Trail	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2001 JUL 18 AM 12:47

2001 JUL 13 AM 12:47

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

JGP/DM Florida Department of State

6/7/2021

96113

Inv.Date Inv.No. Invoice Description
 06-07-2021 QuickChe JGP/DM 77932-131424 Vistera

Amount
 25.00

Total: \$25.00

JGP/DM 77932-131424 Vistera

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON.

**ICARD, MERRILL, CULLIS, TIMM,
 FUREN & GINSBURG, P.A.
 ATTORNEYS & COUNSELORS AT LAW**
 P.O. BOX 4195
 SARASOTA, FL 34230-4195

CenterState Bank

96113

96113

VOID AFTER 180 DAYS

PAY:

Twenty-Five and No/100 Dollars

DATE

AMOUNT

6/7/2021

\$25.00

TO THE
ORDER
OF

Florida Department of State

**ICARD, MERRILL, CULLIS, TIMM,
 FUREN & GINSBURG, P.A.
 SPECIAL ACCOUNT**



Amalyn Kampenga
 AUTHORIZED SIGNATURE

⑈096113⑈ ⑆063114030⑆ 1010006920⑈

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.

96113

1065	Florida Department of State	6/7/2021	\$25.00
G/L Acct.	Matter I.D.	Inv.No.	Inv.Date
2000-000	77932-131424	99	QuickCheck 06-07-2021
			Amount
			25.00