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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ELITE VISION MIAMI LLC Please Debit 120000000257 For: 25 Thank you Seth Neeley Art of Inc. File LTD Pattership File Foreiga Corp. File LC. File Ficitious Name File Trade/Service Mark Merger File Art. of Amend. File R.A. Resignation Dissolution / Windrawal Annual Report / Reinstatement Cen. Copy Phuse Copy Cerificate of Good Standing Cerificate of Status Certificate of Fictitious Name Corp. Record Search Officer Search Ficitious Search Ficitious Owner Search Vehicle Search Drivag Record Requested by: SETH Od/27 Name Date Time UCC 1 or 3 File UCC 11 Retrieval Courier Walk-In Will Pick Up Courier			
Thank you Seth Neeley Art of Inc. File LTD Partnership File Foreign Corp. File LC. File Fictitious Name File Trade/Service Mark Merger File Art. of Anend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Search Fictitious Search Driving Record Requested by: SETH O4/27 Name Date Time UCC 11 Search UCC 11 Search UCC 11 Retrieval	ELITE VISION MIA	MI LLC	
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Trade/Service Mark			L.C. File
Merger File			Fictitious Name File
Art, of Amend. File			Trade/Service Mark
RA Resignation			Merger File
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Vehicle Search	Signature		Fictitious Owner Search
Requested by: SETH 04/27 UCC 1 or 3 File	Signature		Vehicle Search
UCC Search UCC Retrieval UCC			Driving Record
UCC Search UCC Retrieval UCC	Requested by: CETH	04/27	UCC 1 or 3 File
UCC 11 Retrieval			— UCC 11 Search
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	Walk-In	Will Pick Up	Courier

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COVER LETTER

	tration Sect on of Corpo			
SUBJECT: _	LITE VISIO	ON MIAMI, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	inicles of A	mendment and fee(s) are sub	omitted for filing.	
Please return al	l correspond	lence concerning this matter	to the following:	
		MICHAEL SARABJIT CE	PA	
			Name of Person	
		MIKE'S TAX AND ACCO	OUNTING, INC.	
			Firm/Company	
		269 N. UNIVERSITY DR	IVE, SUITE B	
			Address	
		PEMBROKE PINES, FL.3	33024	
			City/State and Zip Code	
		MICHAEL_SARABJIT@Y	YAHOO.COM to be used for future annual report notification)	
For further info	rmation con	neerning this matter, please ca	•	
		icerning this matter, pieuse et		
MICHAEL SA			954 893-1399 at ()	
	Name of P	rerson	Area Code Daytime Telephone Number	
Enclosed is a ch	heck for the	following amount:		
□ \$25.00 Fili:	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of State Certified Copy (additional copy is enc	
Regis Divis P.O. 1	ng Address: stration Se tion of Con Box 6327 hassee, FL	rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE VISION MIAMI, LLC	2023 AF	²⁸ 28 4H 5. 3 ·
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	" वर्ण असे ए. g ।
The Articles of Organization for this Limited Liability Co Florida document number 1.21000319758	empany were filed on JULY 13, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

City

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It amenging Authorized rerson(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>	Address	Type of Action
PRES	JOHNNY J MIRACOLA	2229 NW 74TH WAY	
		PEMBROKE PINES, FL 33024	≣ Remove
			□ Change
MGR	JOHNNY J MIRACOLA	2229 NW 74TH WAY	= Add
		PEMBROKE PINES, FL 33024	□Remove
			Change
			□Add
			□Remove
			□Change
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f an effe <u>Note:</u>	ive date, if other than the ective date is listed, the date mu. If the date inserted in this beent's effective date on the I	ust be specific and block does not m	cannot be prior to neet the applicab	date of filing or more	than 90 days after fil	ing.) Pursuant to 605.020
	d specifies a delayed effecti	ve date, but not	an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
	ed.					
d is fil			2023			
d is fil	APRIL 27TH DocuSigned by:	,	2023			
rd is fil	APRIL 27TH	Signature of a n		ed representative of a	ı member	_

Filing Fee: \$25.00