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RECTIONS

C. BRUMBLEY
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	Visions M	lusic cc	
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Christian Go	Und Simener Ve	lazquer
	<u>Vision</u>	S Mwcc (Cc FirmyCompany	
	3240 Sw S	34th Stapt. To	211
		City/State and Zip Code	
	<u>ViSiansm</u> E-mail address: (t	usicile agrail Com	ication)
For further information c	oncerning this matter, please ca	dt:	
Chnistian Name o	<u>Simener</u>	at ( 352 ) UT Y - Area Code Daytime	8883 : Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Sec	
Division of C	Corporations	Division of Cor	porations

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

Visions Mus	ic LC	
( <u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our raimited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 12/1	3 /2321 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:		. 202
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		υ ω Γ 77 <b>Β</b> Π
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, y	enter the name of the new registered
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 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>	Address	Type of Action
MGR	Ricardo Rofael Ramos Simon	er 502 Harris Auc, Middlese	X GAdd
	Oliver.	NJ 0884C	ERemove
			©Change
MGR	Hector Martin Mendez Collazo	4 white Bornet Ct. Harring	<b>ʊʌ</b> □Add
	2010-2	DE 19952	□Remove
			EChange
			🗀 Add
			©Remove
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(lf an eff Note:	ive date, if other than the date of filing:
he recor ord is fi	d 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 led.
Dated	December, 13 rozi
	0-22
	Signature of a member or authorized representative of a member
	Christian Gabriel Simenez Velazquez Typed or printed name of signee

Filing Fee: \$25.00