Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. }:

Email Address: accountant@ taxzoneFl. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VICSON INVESTMENTS, LLC

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From: Tax Zone

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COVER LETTER

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SUBJEC'I	VICSON IN	EVESTMENTS, LLC		
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
		NELSON J ROSALES ME	NDEZ	•
			Name of Person	
			Firm/Company	
		11520 BIOGRAPHY WAY	Ý	
			Address	•
		ORLANDO, FL 32832		
			City/State and Zip Code	
		ACCOUNTANT@TAXZO	NEFL.COM to be used for future annual report not	ification)
For further	information co	oncerning this matter, please of	·	
NELSON	J ROSALES M	MENDEZ	407 888-3131 at ()	•
	Name of	f Person	at () Arva Code Daytin	ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
≅ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Iailing Addres		Street Address:	
	Cegistration S Division of C		Registration Se Division of Co	
	.O. Box 632		The Centre of	
T	'allahassee, I	FL 32314	2415 N. Monro Tallahassec, F.	pe Street, Suite 810 L 32303

Page: 6 of 8

4210004219383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now suppears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/12/2021 and assigned Florida document number L21000362484 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 "LLC." 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: New Registered Office Address: Enter Florida provet address Florida 250 City New Registered Agent's Signature, if chancing Registered Agent:	VICSON INVESTMENTS, LLC			
The Articles of Organization for this Limited Liability Company were filed on 08/12/2021 and assigned Florida document number L21000362484 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 "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAX 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 affice address here: Name of New Registered Agent: Standards Standard	(Name of the Limited Liability Compa-	ny as it now appears on our r	ecords.)	
Florida document number L21000362484 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 "LLC". 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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida Street address City New Registered Agent's Signature, if changing Registered Agent:	(A Florida Ealified E	naoruty Company)		•
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 "LLC". 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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent:		were filed on <u>08/12/2021</u>		and assigned
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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: New Registered Office Address: Enter Florida street address Florida City New Registered Agent's Signature, if changing Registered Agent:	(Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent:	Mailing address MAV RE A POST OFFICE ROY		•	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent:	EMARINE MANTES WAY DE A TOST OF FICE ROAL			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent:				
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent:				l n.s.
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida The City New Registered Agent's Signature, if changing Registered Agent:		iddress on our records, <u>e</u>	nter the name	of the new registered
New Registered Office Address: Enter Florida street address	agent and/or the new registered office address nere.		•	
New Registered Office Address: Enter Florida street address				8 QV
New Registered Office Address: Enter Florida street address City	Name of New Registered Agent:			· · · · · ·
Enter Florida street address , Florida , Florida City Zip Code New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:			- F. F.
City Zip Code	The state of the s	Enter Florida street o	udaress	
City Zip Code			Florida	;
New Registered Agent's Signature, if changing Registered Agent:		City	_, riorida	Zip Code
	Name Descriptored Ament's Signature of showing Desistand Agents			} -
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.	provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office	performance of my dutientrovided for in Chapter (es, and I am fa 605, F.S. Or, i	miliar with and f this document is

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

Page, 7 of 8

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA G ASTUDILLO ROMERO	11520 BIOGRAPHY WAY	≣Add
		ORLANDO, FL 32832	□Remove
			Change
			
			☐ Remove
			☐ Change
			□Add
			□Remove
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