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COVER LETTER

Division of Cor				
Vision Hon	ies LLC	;	•	
SUBJECT:			 	
	Name of Lim	пеа главину Сотрапу		
The enclosed Articles of	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Connor Cahill			
Please return all correspo	ndence concerning this matter	to the following:		
	Connor Cahill			
		Name of Person		
	Vision Homes LLC			
		Firm/Company		
	502 S. Fremont Avenue Ap	я. 1445		
		Address		
	Tampa/Florida 33606			
		City/State and Zip Code		
	E-mail address: (to be used for future annual rep	ort notification)	
For further information c	oncerning this matter, please co	all:		
Connor J Cahill		610 790-5	190	
Name o	f Person		Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres				
		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vision Homes LLC

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(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 September 3, 2021 and assigned 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: Sean D Cahill Name of New Registered Agent: 502 S. Fremont Avenue Apt. 1445. 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.

Tampa

If Changing Registered Agent, Signature of New Registered Agent

_, Florida 33606 Ziv Code 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	Sean D Cahill	502 S. Fremont Avenue Apr. 1445 Tampa, Florida 33606	■Add
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