

L21000475596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500375911255

FILED

2021 NOV 24 AM 8:22

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2021 NOV 24 AM 8:21

CLERK OF STATE
TALLAHASSEE, FL

Y SULKER
NOV 29 2021

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT : : I20210000160 AMOUNT: \$25.00

AUTHORIZATION SIGNATURE: _____

James L. Yulman

ConVision LLC

L21000475596

Business Name

Document Number, (if KNOWN)

___ Certified copy of Articles of Incorporation

___ Pick up time ___

___ Certificate of Status

___ Will wait

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ CORP

AMMENDMENTS

X Amendment

___ Resignation of R.A.

___ Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Correction

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT : : 120210000160 AMOUNT: \$25.00

AUTHORIZATION SIGNATURE: _____

ConVision LLC	L21000475596
Business Name	Document Number, (if KNOWN)

___ **Certified copy of Articles of Incorporation**

___ Pick up time ___

___ **Certificate of Status**

___ Will wait

NEW FILINGS

___ **Profit**

___ **Not for Profit**

___ **Limited Liability**

___ **Domestication**

___ **Other**

___ **CORP**

AMMENDMENTS

 X **Amendment**

___ **Resignation of R.A.**

Officer/Director

___ **Change of Registered Agent**

___ **Dissolution/Withdrawal**

___ **Merger**

___ **Correction**

OTHER FILINGS

___ **Annual Report**

___ **Fictitious Name**

___ **APOSTIL ()** _____

Country

REGISTRATION/QUALIFICATIONS

___ **Foreign filing**

___ **Limited Partnership**

___ **Reinstatement**

___ **Other**

EXAMINER'S INITIALS: _____

TO: Registration Section
Division of Corporations

SUBJECT: ConVision 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:

Samuel M Moreno

Name of Person

ConVision LLC

Firm/Company

335 S Biscayne Blvd

Address

Miami, FL 33132

City/State and Zip Code

smmu91167@gmail.com

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

For further information concerning this matter, please call:

Samuel M Moreno

513

256-6679

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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**

ConVison 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 November 3, 2021 and assigned
Florida document number L21000475596.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ConVison LLC

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:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets if necessary)*

E. Effective date, if other than the date of filing: _____ (optional)

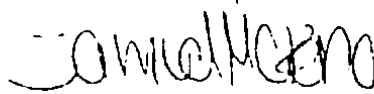
(If an effective date is used, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 615-2-1-3.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated November 21

2021



Signature of a member or authorized representative of a member

Samuel M Moreno

Typed or printed name of signer

Filing Fee: \$25.00