

Florida Department of State

Division of Corporations
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L22 000096815

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CUEVAS, GARCIA & TORRES, P.A.
 Account Number : I20030000123
 Phone : (305)461-9500
 Fax Number : (786)362-7127

SECRETARY OF STATE
TALLAHASSEE, FL
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Email Address: etaylor@cuevaslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VISIONS AT ORLANDO WEST PHASE I LLC

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C. BRUMBLY

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Corporate Filing Menu

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H220003917053

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2022 NOV 16 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FL

VISIONS AT ORLANDO WEST PHASE I 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 07/23/2022 and assigned

Florida document number L22000096815

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 "L.L.C." 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:

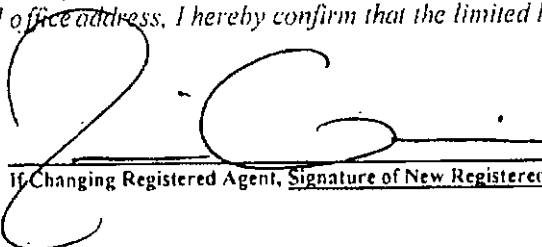
Name of New Registered Agent: CUEVAS, GARCIA & TORRES, P.A.

New Registered Office Address: 4000 Ponce de Leon Blvd., Suite 610
Enter Florida street address

Coral Gables, Florida 33146
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

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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