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T. MATTHEWS JUN 14 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
CHRIECT.	PLOTERO ()	rzcue UUC.	
50bjec1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EDWA	Name of Person	
		Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	·
	17217	Woodford St	
		Address	
	r>0.1.4	1ND0 (FL 3283	57.
		City/State and Zip Code	
	TOYA	CCE @ BellSOUTH to be used for future annual report noti	NOT
			lication)
For further information c	oncerning this matter, please ca	all:	
Emuras	OYARLE	at (305) 431 - Atea Code Daytim	1766
Name o	l'Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
ダ \$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 circlosed)
Mailing Addres		Street Address:	
Registration S		Registration Sec Division of Cor	
Division of C P.O. Box 632	•	The Centre of T	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF SECRETARY OF STATE OF VISION OF CORPORATION

Boten	0 02	-cu?	C (22 APR 25	AM 10: 07
(Name of the Limited Lia (A Flo	bility Company as orida Limited Liabil	it now appear ity Company)	s on our records.)	
The Articles of Organization for this Limited Liability		e filed on	3 21 2022	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the l	imited liability	company he	<u>re</u> :	
The new name must be distinguishable and contain the words "l	Limited Liability C	ompany," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	_			
Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:		·,		
<u> Mailing address MAY BE A POST OFFICE BOX)</u>	.			
				
B. If amending the registered agent and/or registengent and/or the new registered office address her		ess on our ro	ecords, <u>enter the nar</u>	ne of the new registe
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
		Enter Flor	ida street address	
<u> </u>		· <u>-</u>	Florida	
		Ciţv		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
AMBR	EDWARD OTARCE	13013 wood ford st creams, Fr	372℃32 □Add
			Remove
			□Add
			□Remove
Amba	JAHIR BOTERO	13013 Woulfal St orleads FL	37€32 ■Add
			Пелюvе
			□Change
			□Remove
			
			∃Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Add
			□ Change

f ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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an effect <u>fote:</u> If	todate, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as this effective date on the Department of State's records.
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Apr.1 19 12 2022
	Fin cu
	Signature of a member or authorized representative of a member
	EDWIAND CYARLE
	Typed or printed name of signee