

L22000353548
Division of Corporations
#22000407246

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : SICONT ENTERPRISES OF AMERICA INC
Account Number : I20160000041
Phone : (407)443-8973
Fax Number : (407)930-2626

2022 DEC -5 AM 11:27
STATE DEPT OF STATE
DIVISION OF CORPORATIONS

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

Email Address: _____

2022 Dec 1 12:16

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VISION 2022 LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

DEC 06 2022
A. LUNY

COVER LETTER

(H22000407246 3,

TO: Registration Section
Division of Corporations

SUBJECT: VISION 2022 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:

DESIREE TORRES

Name of Person

SICONT ENTERPRISES OF AMERICA INC

Firm/Company

13550 VILLAGE PARK DR STE 255

Address

ORLANDO, FL 32837

City/State and Zip Code

SUNBIZ.SICONT@HOTMAIL.COM

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

For further information concerning this matter, please call:

DESIREE TORRES

Name of Person

407

at ()

Area Code

443-8973

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

p.3
(H 22 000 407246 3)
NOTARIZED
105 DEPT OF STATE
2022 DEC -5 AM 11:27

VISION 2022 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 08/11/2022 and assigned
Florida document number L22000353548

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 "L.L.C."

Enter new principal offices address, if applicable:

6272 ABBOTT STATION DR

(Principal office address MUST BE A STREET ADDRESS)

ZEPHYRHILLS, FL 33542

Enter new mailing address, if applicable:

6272 ABBOTT STATION DR

(Mailing address MAY BE A POST OFFICE BOX)

ZEPHYRHILLS, FL 33542

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:

ISABELLA MATURANA

New Registered Office Address:

2232 ALLY LANE

Enter Florida street address

LAND O' LAKES

City

Florida

34639

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.

Isabella Maturana

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>
MGR	FELIPE ALVAREZ	1318 MONTGOMERY BELL ROAD	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ISABELLA MATURANA	2232 ALLY LANE	<input checked="" type="checkbox"/> Add
		LAND O' LAKES, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

