# L23000350407

's Name)				
Zip/Phone #)				
WAIT MAIL				
Entity Name)				
Number)				
ertificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\*Amendment of Articles of Organization

To Whom It May Concern,

My name is Mario Pallango II and I am the Registered Agent for Vision Sport Group, LLC. I would like to make an amendment to the articles of organization. I want to add Willie J. Barley Jr. as an Authorized Member (AMBR). My contact information is as follows:

Mailing Address: 2751 Taft Street Apt. 409, Hollywood, FL 33020.

Email Address: kpallango@gmail.com Phone Number: (786) 303-5456

....

a) Vision Sport Group, LLC Florida Document Number: L23000350407

- b). Vision Sport Group, LLC was filed on July 25, 2023
- c) I would like to add Willie J. Barley Jr. as an Authorized Member (AMBR) of Vision Sport Group, LLC. Willie J. Barley Jr. address is: 11983 SW 181 St, Miami, FL 33177
- d) September 7th, 2023

## **COVER LETTER**

TO:

**Registration Section** 

. Divisio	on of Cor	porations			
	-	rt Group, LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed A	rticles of	Amendment and fee(s) are subn	nitted for filing.		
		ndence concerning this matter to	_		
r rease return at	reorrespo	ndence concerning this name is	o the following.		
		Mario Pallango II			
			Name of Person		
		Vision Sport Group, LLC			
		<del></del>	Firm/Company	·	
		2751 Taft Street Apt. 409			
			Address		
		Hollywood, Florida 33020			
			City/State and Zip Code		
		kpallango@gmail.com			
		E-mail address: (to	be used for future annual report n	otification)	
For further info	rmation c	oncerning this matter, please cal	II:		
Kiko Pallango			786 303-5456		
	Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed is a ch	eck for tl	ne following amount:			
□ \$25,00 Fili	ng Fec	☐ \$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)	
	i <u>g Addres</u> stration S		Street Address: Registration S	Section	
Division of Corporations		Division of C	Division of Corporations The Centre of Tallahassee		
	Box 632 hassee, I	/ FL 32314		roe Street, Suite 810	

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vision Sport Group, LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Jimited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number L23000350407	mpany were filed on July 25, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
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 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	Willie J. Barley Jr.	11983 SW 181 Street Miami, FL 33177	
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			☐ Change
		<del></del>	□ Add
			□Remove
			□Change
	<del></del>	<del></del>	□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change

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Please feel free to contact Kike	o Pallango a	is form is not filled
out corretly or if additional inf	ormation is needed. Thank you.	
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· ·	1.00.00	
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statute	(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 (3), bry filing requirements, this date will not be listed as the
ne record specifies a delayed The 90th day after the reco		ctive time, at 12:01 a.m. on the earlier of:
Dated September 11th	2023	

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Filing Fee: \$25.00