## 12300042,392

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| :<br>(Business Entity Name)             |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer  |
| Incurrect Form  Lecense 3. 12/2-        |
| F-CCEN/E 1. 1/1                         |
|   |
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Office Use Only



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## COVER LETTER

| TO: Registration Se<br>Division of Cor |  |   |   |
|--|--|---|---|
| SUBJECT:E                              | NVISION GA                                 | LOUP REALTY, L  | -6  |
|  | Name of Limit                              | led Liability Company   |   |
|  | Amendment and fee(s) are subn              | ū   |   |
| Please return all correspo             | ndence concerning this matter to           | o the following:  |   |
|  | ELEDNORA                                   | CABALDON<br>Name of Person  |   |
|  |  | Name of Person  |   |
|  |  |   |   |
|  |  | Firm/Company  |   |
|  | 1925 BRICH                                 | KEIL AUE # D1-  | 704   |
|  |  |   |   |
|  | MIAMI, F                                   | L 33/29   |   |
|  |  | City/State and Zip Code<br>OB HOTMAIL . 26                          | o M   |
|  | E-mail address: (to                        | be used for future annual report notif                              | ication)  |
| For further information co             | oncerning this matter, please cal          | 11:   |   |
| ELEUNORA                               | GABALDON                                   | at ( <del>788</del> ) <u>267</u><br>Area Code Daytime               | 4838  |
| Name of                                | f Person                                   | Area Code Daytime   | e Telephone Number  |
| Enclosed is a check for th             | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(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

| ENVISION (  | GROUP REALTY,                        | 00 our records. 15 Air 7: 59                |
|---|--------------------------------------|---|
| (Name of the Limited L<br>(A F  | lorida Limited Liability Company)    | an our records.) Will Att 7:59              |
| The Articles of Organization for this Limited Liabil                      | ity Company were filed on            | • •   |
| Florida document number <u>L</u> 23 000 42 63                             | 392                                  |   |
| This amendment is submitted to amend the following                        |                                      |   |
| A. If amending name, enter the new name of the                            | limited liability company her        | <u>e</u> :                                  |
| ENVISION GROUP The new name must be distinguishable and contain the words | MIAMI, LLC                           |   |
| The new name must be distinguishable and contain the words                | "Limited Liability Company," the de- | ignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable                        | ::                                   |   |
| <u>Principal office address MUST BE A STREET A</u>                        | DDRESS)                              |   |
|   |                                      |   |
|   |                                      |   |
| Enter new mailing address, if applicable:                                 |                                      |   |
| Mailing address MAY BE A POST OFFICE BO                                   | <u> </u>                             |   |
|   |                                      |   |
|   |                                      |   |
| B. If amending the registered agent and/or regis                          |                                      | cords, enter the name of the new registered |
|   |                                      |   |
| Name of New Registered Agent:   |                                      |   |
| New Registered Office Address:  |                                      |   |
| men negistered Office francise.   | Enter Florid                         | la street address                           |
|   |                                      |   |
| <del></del> -   | City                                 | , Florida<br>Zip Code                       |
|   | CIII.                                | Zip Cirii                                   |

## 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 = N $AMBR = A$ | lanager<br>authorized Member |         |                |
|--------------------|------------------------------|---------|----------------|
| <u>Title</u>       | <u>Name</u>                  | Address | Type of Action |
|                    |                              |         | □Add           |
|                    |                              |         | □Remove        |
|                    |                              |         | ☐ Change       |
|                    |                              |         |                |
|                    |                              |         | Remove         |
|                    |                              |         |                |
|                    |                              |         | □Add           |
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|                    |                              |         |                |
|                    |                              |         | □Add           |
|                    |                              |         | Remove         |
|                    |                              |         | □ Change       |

| Effec   | ive date, if other than the date of filing: 9/11/2023 (optional)  |
|---------|---|
| f an e  | fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| docui   | ent's effective date on the Department of State's records.  |
|         |   |
| * F000  | rd 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   |
| rd is f |   |
|         |   |
| 15      | 2/10 2024   |
| Datec   |   |
|         |   |
|         | Signature of a member or authorized representative of a member  |
|         | · · · · · · · · · · · · · · · · · · ·   |
|         |   |
|         | ELEONORA GABOLDON Typed or printed name of signce   |

Filing Fee: \$25.00



January 30, 2024

ELEONORA GABALDON 1925 BRICKELL AVE #D1704 MIAMI, FL-33129

SUBJECT: ENVISION GROUP REALTY, LLC

Ref. Number: L23000426392

We have received your document for ENVISION GROUP REALTY. LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 324A00001949

Anissa Butler Regulatory Specialist II

www.sunbiz.org

Miami, Feb 16th, 2024

To: Division of Corporations

I'm sending the right form for the name change of LLC. there is a different in the amount of the filing fee from the check previously sent. The original check was for the amount of \$43.75 and the new fee is \$30. I'm requesting to the send back the different of (\$13.75) once processed.

Kind regards,

Eleonora Gabaldon