01-24-2025-10:26 8336482730 0 2/5

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KCO SERVICES, LLC

Account Number : I20200000018

Phone

: (954)744-6605

Fax Number

: (833)648-2730

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

Email Address: teranjonathan@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SOLY VISION LLC**

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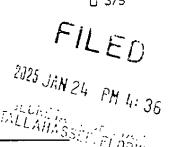
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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SOL Y VISION LLC		MLLAHASSER FLORIO
(Name of the Limited)	Liability Company as it now appears on our records. Florida Limited Liability Company)) rionin
The Articles of Organization for this Limited Liabs Florida document numberL23000426983	ility Company were filed on	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered affice address h		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Flor	rida Zıp 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

01-24-2025 10:26 8336482730 <u>D</u> 4/5

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>	Name	Address	Type of Action		
MGR	ENCINA DE LA BARRA, FRANCO A	4829 NW 72 AVE	DAdd		
		MIAMI, FL 33166	Remove		
			□Change		
AMBR	TERAN CASTILLO, JONATHAN MARTIN J	4829 NW 72 AVE	□Add		
		MIAMI, FL 33166	□Remove		
MGR	TERAN ISTURIZ, MARIO JESUS	855 W DILION RD APT C303	■Add		
		LOUISVILLE, CO 80027	□ Remove		
			□Change		
			DE CREMOVE TO		
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			□Remove		
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			□ Change		

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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and ca ck does not mee	t the applicat				g.) Pursuant to 60	
record specifies a delayed effective	date, but not an	. effective tim	e, at 12:01 a.m	on the earli	er of: (b)	The 90th day aft	er the
d is filed.		2025					
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d is filed. Dated HANUARY 23	signature of a mer	VIII.	_ · g_ Zed renresentati	ve of a member			