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COVER LETTER

	Registration Se Division of Cor			٠.		
our Inc	James Visio	on LLC				
SUBJEC	ΣΤ:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please re	tum all correspo	indence concerning this matter	to the following:			
		James Celestin				
			Name of Person		-	
		James Vision LLC				
	Firm/Company					
		124 Maple Hill Drive				
			Address		202. SE	
		Haines City, FL 33844			PEC PEC	
			City/State and Zip Code		7	
		cestlaviefamilylle@gmail.c	Name of Person LC Firm/Company Drive Address City/State and Zip Code le@gmail.com ail address: (to be used for future annual report notification) er, please cult: at (
For furth	er information c	oncerning this matter, please c	·	icanion,	THE THE	
James C	elestin				, _m i 0.	
	Name o	f Person		Telephone Numbe	r	
Enclosed	l is a check for th	ne following amount:				
□ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica Certified	ite of Status & I Copy	
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo	porations allahassee	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

James Vision 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 10/09/2023 and assigned Florida document number _L23000463804 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C'EST LA VIE FAMILY LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida _ Cin

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
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second seco	must be specifie : is block does no	and cannot be prior t meet the applic	r to date of filing or cable statutory fil	more than 90 days a	ptional) ifter filing.) Pursuar this date will not	nt to 605,020 be listed as
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