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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration So Division of Cor	rporations			
SURJECT:V	aradero Visi Name of Lim	on L.C.		<b>*</b> *
SUBJECT	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jarrett	Johnson Name of Person		
		ero Vision LLC Finn/Company	······································	2071FE
	400 Le	slie Dr Unit	T 223	2071, FEB -9 PM 3: 05
	Hallandale	Address  2 Beach, F1, 3  City/State and Zip Code	3069	3.05
	E-mail address: (	H bryce 7 @ gmail. to be used for future annual report notif	Com fication)	
For further information c	oncerning this matter, please co	all:		
	Johnson of Person	at ( <u>720</u> ) <u>607</u> Area Code Daytime	7950 e Telephone Number	
Enclosed is a check for the	he following amount:			
<b>∠</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul><li>\$60.00 Filing</li><li>Certificate o</li><li>Certified Co</li><li>(additional cop</li></ul>	f Status & py
Mailing Address Registration	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Cor The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Varadero Vis	SION LL	
(A Florida Lin	Company as it now appears on our r nited Liability Company)	ecorus.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L240066 [9148</u> ].	ipany were filed on <u>Janua</u>	ry 8, 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I 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:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	(2)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Tev Registered Strice (Rd. 195)	Enter Florida street	address
		Florida
	City	Zip Coxle

## 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
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