

11/5/24, 1:22 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TAX S PRO CORP  
Account Number : I20200000147  
Phone : (786)307-2733  
Fax Number : (954)420-7118

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

Email Address:

**INFO@TAXSPRO.COM**

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VISTAMAR HOLDINGS, LLC**

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Corporate Filing Menu

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K. SALY

NOV - 5 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Vistamar Holdings, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason T Nichols

Name of Person

Vistamar Holdings

Firm/Company

777 Bayshore Drive, 1503

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

vistamarholdings@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason T Nichols

301

602-2870

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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,  
Certificate of Status &  
Certified Copy  
(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 OF

**FILED**  
2024 NOV -5 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vistamar Holdings, 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 02/06/24 and assigned  
Florida document number L24000066870.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited 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 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*

City, Florida 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Claudia Yances	500 NE 93rd St., Miami Shores, FL 33138	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FLORIDA

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SECURITY  
KALAMIASTE, FLORIDA

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2024 NOV -5 PM 5:15  
CLERK OF DISTRICT COURT  
SECOND JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

Dated October 10 2024

*James M. Concaunon*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

James M. Concannon

Typed or printed name of signee