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TALLAHASSEE, FL

R. HUNT
07/24/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISION AUTO SALES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEBASTIAN JESUS RABEL-GALLI

Name of Person

VISION AUTO SALES LLC

Firm/Company

1504 MAX HOOKS RD, STE H

Address

GROVELAND, FL 34736

City/State and Zip Code

VISIONAUTO@USA.COM

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

RECEIVED
TALLAHASSEE, FL
DIVISION OF STATE

2006 03 AM 7:51

For further information concerning this matter, please call:

SEBASTIAN JESUS RABELA-GALLI

801 574-8867

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**

VISION AUTO SALES 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 7/18/2024 and assigned
Florida document number L24000092926.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VISION AUTO SALES 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:

1504 MAX HOOKS RD, STE H, GROVELAND

(Principal office address MUST BE A STREET ADDRESS)

FL 34736

Enter new mailing address, if applicable:

SAME AS ABOVE

(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:

SEBASTIAN JESUS RABELA-GALLI

New Registered Office Address:

1504 MAX HOOKS RD, STE H

Enter Florida street address

GROVELAND

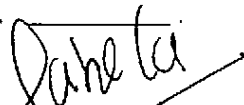
City

Florida 34736

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	SEBASTIAN JESUS RABELA GALLI	1504 MAX HOOKS RD, STE H	<input type="checkbox"/> Add
		GROVELAND, FL 34736	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Katiuska Cel Aldana Sarmiento	1504 MAX HOOKS RD, STE H	<input type="checkbox"/> Add
		GROVELAND, FL 34736	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

CLERK OF DISTRICT COURT
JANUARY 11, 2023
AM 7:51
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

JUST WANTED TO UPDATED BOTHS OWNERS TO THEIR FULL NAMES ON EVERYTHING THAT
SHOWS REGISTER OWNER 1ST OWNER AND OFICIAL ITS SEBASTIAN JESUS RABELA-GALLI
SECOND MGR KATIUSKA CEL ALDANA SARMIENTO
EVERYTHING ITS SAME JUST NEED TO UPDATE FULL NAMES

2024 JUL 18 AM 7:51
DEPT. OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 07/18/2024 **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 18 2024



Signature of a member or authorized representative of a member

SEBASTIAN JESUS RABELA GALLI

Typed or printed name of signee