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COVER LETTER .

TO: Registration Sec Division of Corp			•
SUBJECT:	VISTOR Fran	ning LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Moises	Comez Perez Name of Person	
	Cornerston	e Franing LLC Firm/Company	
	615 10th	Ave NE	
	Cairo, (A 39828 City/State and Zip Code	
	Manuel 35 Efmail address: (49@ amail. Com	lication)
For further information co	oncerning this matter, please ca	all:	
Moises Name of	`Person		5928 e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50.00 Siling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>s</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Cornerst	one Francina LL	<u>C</u>
(Name of the Limited I (A)	Jability Company as it now appears on our re- Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L 2400011328</u>		11 2024 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	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	IDDRESS)	707
		A THE TO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	X)	3 ::
		25.0
B. If amending the registered agent and/or regis agent and/or the new registered office address h		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street e	address
_		_, Florida
	City	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>	Name	Address	Type of Action
AMBR	Lisis bonce bonce		□Adđ
		615 10th LUC NE Cairo, 11A	CRemove
			□Change
	·		□Add
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Effective date, if other than the date of filing: 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as indecument's effective date on the Department of State's records. 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 ord is filed. Duted Market 29 Signature of a member or authorized representative of a member Moists from 24 Fig. 22	_				
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Dated March 29 , 2024.					
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mind	Dated	March 29	2024		
Signature of a member or authorized representative of a member	Dates _	(m)			
Signature of a member or authorized representative of a member		// factor			
		- 1 90 40	1 4		

Filing Fee: \$25.00