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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	ided Vision 1	(c			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sintiac	D Gorzalez Name of Person			
	Foded V	Sion LLC Firm/Company			
	5526 Tur	- Key Creek Wa	. U		
	Lakelowa	L FZ 33811 City/State and Zip Code		202	
	DOGNIQUEZIES (Sica 04/20 gmail of be used for future annual report notif	Com	SEP-	200 (1995) 200 (1995) 200 (1995) 200 (1995)
For further information c	oncerning this matter, please ca	ill:		沒是	
Scotic (Name o	Gorzalez Person	at (<u>\$63</u>) <u>\$3\$</u> Area Code Daytime	- 0849 e Telephone Number	H 1:58	المربيدين
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop tadditional copy	Status &	

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

(Name of the Limited Liability Compan (A Florida Limited L	v as it now appears o ability Company)	on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L240COH5428</u>	vere filed on <u>Now</u>	rch (oy 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here	:
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the desig	gnation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		三
(Principal office address MUST BE A STREET ADDRESS)		
		20 P
		是
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our reco	ords, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida	i street address
		, Florida
	Cuv	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of m rovided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
<u></u>			🗆 Add
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an effective da	e, if other than to te is listed, the date i	must be specific	e and cannot	be prior to d	ate of filing or	more than 90	(optional days after fill	ng.) Pursuant to	605,0207
ote: If the di ocument's ef	ate inserted in this fective date on the	s block does n 2 Department	of State s	e applicable records.	statutory fil	ing requirem	ents, this d	ite will not be	listed as t
record specif Lis filed.	ies a delayed effec	ctive date, but	not an effe	ective time.	at 12:01 a.n	r, on the earl	ier of: (b)	The 90th day	after the
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