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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	<u>-</u>	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filling Officer:	
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Office Use Only



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S. PRATHER

COVER LETTER

Division of Cor	•		
VISIONAF SUBJECT:	RY ESTATES UPP LLC		
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
lease return all correspo	ndence concerning this matter	to the following:	
	David Djaryang		
		Name of Person	
	VISIONARY ESTATES I	JPP LLC	
		Firm/Company	
	11715 Raintree Village Bl	vd #D	
		Address	
	Temple Terrace, 33617		
		City/State and Zip Code	
	visionaryrealestates@outloo		
For further information c	oncerning this matter, please ca	to be used for future annual report no all:	inication)
David Djaryang		813 3358082 at ()	
Name o	f Person		ne Telephone Number
inclosed 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 (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

VISIONARY ESTATES UPP LLC		<u> </u>
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability 6	Company were filed on 01/03/2025	and assigned
Florida document number L25000006381	 ·	: (-)
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)		, addreviation E.E.C.
THE STATE OF THE S		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
 -	, FIORUA	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 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>	Type of Action
MGR	DJARYANG, DAVID	7901 4TH ST N	□Add
		STE 300	
		ST. PETERSBURG, FL 33702	
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Add
			□Remove
			□ Change

	ıthorized person, Dav	/id Djaryang, title	from CEO to MO	GR. 		
Please change au	ithorized person addr	ess.				
If any questions	please email or call.	10.00				
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n effective date is listed te: If the date insert	er than the date of d, the date must be speci- ted in this block does late on the Departmen	fic and cannot be pr s not meet the app	licable statutory	or more than 90 days		
cord specifies a dela	ayed effective date, bu	ut not an effective	e time, at 12:01 a	m. on the earlier	of: (b) The 90 t	ı day after t
s filed.						
ted						2025 J.S.
,	Drind	,	·		-	:
	1/0 N1/11 1					
	Signature	e of a member or au	thorized representa	tive of a member		77

Filing Fee: \$25.00