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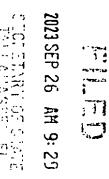
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D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: EM	1510 Theate	exand tono 4	Autonation, Cci
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Sall Envision	Name of Person Nuater & Hor	ro automator, co
	Slo5 Velo E-mail address: (1	Address City/State and Zip Code O A A F Code To be used for future annual report not	
For further information con	ncerning this matter, please ca	all:	29
Sally	DI WCANTE	at (772) 47 Area Code Daytim	3 8 760 ne 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	tonation,
The Articles of Organization for this Limited Liability Company were filed on 12/4/2000 Florida document number 12/4/2000 L 00000015255	and assigned
This amendment is submitted to amend the following:	77. SE
A. If amending name, enter the new name of the limited liability company here: ENVISION FINGER DOINTS LLC	P 26 1
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb Enter new principal offices address, if applicable:	reviation "L.I. Gra
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
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 agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

Enter Florida street address

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
Mgr	LISA Jaramillo	2045 14 Drive Vew Beach, Re 32960	☑Add
		Vew Beach, Re 32960	□Remove
			□Change
MST	Marie Busch	Jupiter, FC 334	ZAdd
		Jupiter, FC 334	56Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			Change
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			□Change
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			□Remove
			□ Change

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