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To:

Division of Corporations

Fax Number : (850)617-6363

From:

Account Name : LECALZOOM.COM INC.

Account Number: I20010000062 : (323)962-8600

: (323)962-3889 Fax Number

**Enter the email address for this business entity to be used for future ${\bf co}$ annual report mailings. Enter only one email address please. * f

Email	Address:	•			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOB ENTERPRISES, LLC

Certificate of Status	0
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		COVER LETTER	, Mg.
TO: Registration S Division of Co		•	
BOB Ent	erprises, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	100 W. Broadway Suite	100	
		Address	
	Glendale, CA 91210		
		City/State and Zip Code	
	sharonbascombe@yahoo		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Imelda Vasquez		323 962-8600 ex	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOB Enterprises, LLC		
Name of the Limited Lie (A Flo	ability Company as it now appears on our rorida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L14000105152	ty Company were filed on 07/02/2014	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
B Visual Enterprises LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	70 B
		- C D
		王四 30
Enter new mailing address, if applicable:		16 No. 10
• • • • • • • • • • • • • • • • • • • •		MC P
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		<u> </u>
W. If a War did by the Market Market		28
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, enter the name of the new
' The state of the	unicas nerç.	
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my dutie d agent as provided for in Chapter 6 tered office address, I hereby confiri	s, and I am familiar with and 05. F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member	er	
Title	Name	Address	Type of Action
		-	
			☐ Remove
		7	☐ Add
			☐ Remove
			Add
			Remove S S APR
			Solvada P
			ORIU
			□ Add
			☐ Remove
			☐ Remove

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 .	
Effective d The effective	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated	4/07 2015
•	Signature of a mymber of authorized representative of a member
_	Bancroft Bascombe
	Typed or printed name of signee

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Filing Fee: \$25.00

2015 APR 21 AM 8: 28