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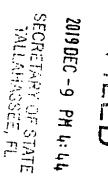
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COVER LETTER

TO:

	gistration Sec vision of Corp						
CHD IFCT.	Pro Logic P	artners, LLC					
SUBJECT:		Name of Limi	ited Liability Company				
The enclose	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return	n all correspo	ndence concerning this matter	to the following:				
		Steve Schlossberg					
			Name of Person				
		Algavision					
Firm/Company							
100 East Granada Blvd. Suite 103							
			Address				
	Ormond Beach, FL 32176						
			City/State and Zip Code				
		steve@pditravel.com					
		E-mail address: (to be used for future annual report not	ification)			
For further i	information c	oncerning this matter, please co	all:				
Steve Schlossberg		386 547-2853					
	Name of	f Person		ne Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	ailing Addres		<u>Street Address:</u> Registration Se	vetion			
Registration Section Division of Corporations		Division of Co					
	O. Box 632		The Centre of	•			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Logic Partners, LLC						
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000135820</u> .	and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
Algavision, LLC		2019 SEC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the absectation L.C."				
Enter new principal offices address, if applicable:	100 East Granada Blvd	The Comme				
(Principal office address MUST BE A STREET ADDRESS)	Suite 103	38 T				
	Ormond Beach, FL 32176	**************************************				
Enter new mailing address, if applicable:	100 East Granada Blvd	TATE OF THE STATE				
(Mailing address MAY BE A POST OFFICE BOX)	Suite 103					
	Ormond Beach, FL 32176					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter th	e name of the new registered				
	, Flori	ida				
	City	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	1					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is				

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			☐Change
			TACR DEC
			SECRETARY OF STATE TALLAPPASSEE, FL
			☐ F ☐ Add
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change

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an effective date is liste lote: If the date inse	ner than the date of fed, the date must be specificated in this block does to date on the Department	c and cannot be prior not meet the applic	to date of filing or mable statutory filin	optiore than 90 days after g requirements, thi	filing.) Pursu	ant to 605 ot be list	i,0207 (ed as (
record specifies a de Lis filed.	layed effective date, bu	t not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90th	day afte	r the
ated	2/6	2019	Ĺ.				
	Signature	of a member or auth	orized representative	of a member	<u>-</u>		