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## **COVER LETTER**

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Please	return al	l correspo	ndence concern	ing this matter t	to the following:		
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			1	E-mail address: (t	o be used for future annual	report notification	)
For fur	ther info	rmation c	oncerning this n	natter, please ca	all:		
	R. 6	ERic	Dansand		at ( <b>777</b> )	744-	6831
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### 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

A VOVRON Lifestyles (Name of the Limited Liability Compa) (A Florida Limited L	Services L.L.C.
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>407606033 425</u>	were filed on $\frac{3/29/7007}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  Roporumer Digital  The new name must be distinguishable and contain the words Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PAIM Hacker FL 34685
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1355 BAY HARbor Dr Apt 104 PAIM HARbor FL 34685
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City , Florida 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 accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
10 (1)	D. internal A cont Circumstance of New Designation of Agency

If amending Authorized Person(s) au	thorized to manage,	enter the title,	name, and addres	s of each person	being added
or removed from our records:					

MGR = Manager

AMBR = Authorized Member **Address Type of Action** <u>Title</u> <u>Name</u> \_□ Add \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove 돐 \_□cBemove ☐ Change \_□ Add ■ Remove ☐ Change

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fan effective date Note: If the dat	if other than the date is listed, the date must be se inserted in this block of ctive date on the Depart	specific and cannot be produced the appropriate approp	olicable statutory filing		g.) Pursuant to 60	sted
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