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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

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| TO: Registration Section Division of Corporations | |
| SUBJECT: VISIBLE BUSINESS, LLC | |
| Name of Limited Liability Company | |
| | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| | |
| JAMES PARKER Name of Person | |
| Name of Person | |
| WAY 2WIN LLC Firm/Company | |
| Firm/Company | |
| 3735 NW 29th AVENUE | |
| 3235 NW 29th AVENUE | |
| BOCA RATON FL 33 434 City/State and Zip Code JWP33434 @ AOL. COM E-mail address: (to be used for future annual report notification) | |
| City/State and Zip Code | |
| JWP33434@AUL.com | |
| | |
| For further information concerning this matter, please call: | |
| KARL ZIMMERMAN at (561) 241 - 3232 Name of Person at (561) Daytime Telephone Number | |
| Name of Person Area Code Daytime Telephone Number | |
| | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing | Fee |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Cop (additional copy) | Status & Status & |

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

| VISIBLE BUS | |
|--|---|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | y as it now appears on our records.) iability Company) S. |
| The Articles of Organization for this Limited Liability Company of Florida document number LOTOGO (19667) | were filed on 12/24/2014 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| EOV TECHNOLO | OGIES LLC |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | KARL ZIMMERMAN |
| (Principal office address MUST BE A STREET ADDRESS) | BOCA RATUN, FL 33487 |
| Enter new mailing address, if applicable: | SAME |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | |
| Name of New Registered Agent: KA | IRL ZIMMERMAN |
| New Registered Office Address: \200 | CLINT MOORE RUAD, SUITE 7 Enter Florida street address |
| BOCA : | RAT7) N Florida 334 87 |

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|------------------------|----------------|
| MGR | KARL ZIMMERMA | AN 1200 CLINT MOORERD, | JE. X Add |
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| | | filing: 8/24 | 12018 date of filing or more tha | (optional m 90 days after filing | | 5 020 |
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Filing Fee: \$25.00

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