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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Alyssa A a (Name of Limited	Lion LLC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office (	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
TERESO My Dowiel (Name of Person)	
Alyssa - Reion LLC (Firm/Company)	
17460 Celia Aue (Address)	<u> </u>
Brooksville, FL 34604 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, plea	ase call:
Name of Person) at (_	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONVISION OF CORPORATIONS
OBSEP 10 CORPOSITOR
OBSEP 18 PM 1: 28

•				10
Name of the Limited Lis	A Rim	LLC.	ır records.)	<del></del>
(Name of the Limited Liz (A Flo	orida Limited Liabil	ity Company)	`	
The Articles of Organization for this Limited Liabi		e filed on	14 07	and assigned
Florida document numberLO 7000 115	031	·		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability	company here:		
The new name must be distinguishable and end with the "L.L.C."	ie words "Limited L	iability Company," th	e designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
	_			
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	<del></del>
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u> _			
			<u> </u>	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our re	cords, <u>enter</u> th	e name of the new
Name of New Registered Agent:	Tenes	N W. MY	DAN: A	
New Registered Office Address:	17460	Celia Aug (Enter Fl	orida street add	ress)
-	Brook	Celia Ave (Enter Fla (Sv. 11-e	, Florida	34604 (Zin Code)
	()	••)/		(Lip Couc)

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 608, 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.

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Mai MGRM = M	nager Ianaging Member		
Title'	Name	Address	Type of Action
MGK	TURUSA McDONIA	17460 Celia Rue Brooksville FL 34604	Add Remove
MGR	Harrist Chennell Norto	m 9413 Plumbago Cet  Spaine Hill, Fl 34107	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
D. If amend	ling any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	
	·		<del>-</del>
 Dated	9/10/. 29	28	<del></del>
	Signature of a member of	or authorized representative of a member  M ( ) N N ( )	· ·

Page 2 of 2

Filing Fee: \$25.00