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11 JAN 31 AM 10: 42

DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CLIP-ONS PLUS abo VISION TAILORS 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:	
CHRIS MAROUDAS Name of Person	
CLIP-ONS aba VISION TAILORS Firm/Company	
9511 SW 81 STREET Address	
City/State and Zip Code Clipons & Comcast. net E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CHRIS MAROUDAS at 305, 279, 2440 Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed))

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JAN 31 AM 10: 42

CLIP-01	vs PLU	s LL	C :		
(Name of the Limited Lia (A Flo	bility Company orida Limited Liab	as it now appe ility Company	ars on our reco	ords.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L//00000</u> 4	lity Company we	re filed on	JAN 12	2 201	and assigned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabilit 	y company h	ere:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited	Liability Com	pany," the desig	nation "LLC	or the abbreviation
Enter new principal offices address, if applicable	e: _		-		
(Principal office address MUST BE A STREET A	DDRESS)		 		
Enter new mailing address, if applicable:	_		,		
(Mailing address MAY BE A POST OFFICE BO.	- X)				
B. If amending the registered agent and/or registered agent and/or the new registered office		: address on	our records,	enter the	name of the new
Name of New Registered Agent:	CHRIS	MARC	UDAS		
New Registered Office Address:	9511	<u>Sw 8</u>	Inter Florida si	ET	0
_	MIAM				33173 Zip Code
New Registered Agent's Signature, if changing Regi	stered 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

Page 1 of 2

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 = Manager

MGRM = Managing Member **Type of Action Title** Address STELLA RODOLAKIS Sw 81 STREET MGRM 9511 ☐ Add Remove ☐ Add Remove Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00