L11000057624

| (R | equestor's Name) | |
|-------------------------|-------------------------|--------|
| (A | ddress) | |
| (A | ddress) | |
| (C | city/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| (C | Occument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only



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COVER LETTER

| то: | Registration Secti Division of Corpo | | | |
|---------|---|--|---|--|
| SUBJI | E C T: | PROTOVISU | <u> </u> | |
| | | Name of Limi | ited Liability Company | |
| The en | closed Articles of An | nendment and fee(s) are subr | mitted for filing. | |
| Please | return all correspond | ence concerning this matter t | to the following: | |
| | | JEFFA | REY W. SMITH | |
| | | | • | • |
| | | <u> </u> | SUAL, LLC Firm/Company | · |
| | | 7750 out | ERBRIDGE STREET Address | |
| | | | | |
| | | WESLEY Q | HAPEL, FL 33545 City/State and Zip Code to Visual. Co (NOTE: | |
| | | jette prot | to VISUAL CO (NOTE: | NOT A . (om) |
| For fur | ther information con | cerning this matter, please ca | • | Curiony |
| | JEFFREY W | 1-SMITH | at (239) 777-0 Area Code Daytime | 0239 |
| | Name of F | ÇISQIL | Area Cude Daytime | Telephone Number |
| Enclos | ed is a check for the | following amount: | | |
| \$2: | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & 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

| PROTOVIS | ULL, LLC | |
|--|---|------------------------------|
| (<u>Name of the Limited I</u> (A l | Liability Company as it now appears on our records. Florida Limited Liability Company) |) |
| The Articles of Organization for this Limited Liabi | lity Company were filed on05/13/20 524 | and assigned |
| This amendment is submitted to amend the followi | ng: | |
| A. If amending name, <u>enter the new name of th</u> | e limited liability company here: | -1 |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC" | or the appreviation "L.E.C." |
| Enter new principal offices address, if applicabl | e: | 7 |
| (Principal office address MUST BE A STREET A | ADDRESS) | <u>87</u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> | TSTATE ORIGINAL |
| B. If amending the registered agent and/or registered agent and/or the new registered office | • | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| _ | | rida |
| | City | Zip Code |

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.

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

Title Name Address Type of Action

| MGRM | MR RUSCELL H. MILEY | 1828 SCARBROROUGH TRAIL | Add |
|------|---------------------|---|--|
| | | 1828 SCARBROROUGH TRAIL PORT CHARLOTTE, FL 33980 | |
| | | | Z Remove |
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| | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| an effecti lote: If | e date, if other than the date of filing: |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed. |
| ated | MARCH 2974, 2016. Shyw Smal |
| | Allery Smeth |
| | Signature of a member or authorized representative of a member |
| | (topony) |
| | JEPPREY W- SMITH Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00