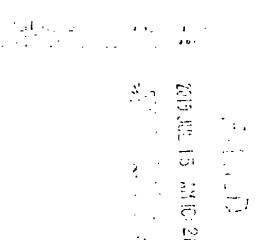
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COVER LETTER

	Registration S Division of Co			
SUBJECT		W SQUARE LLC		
SUBJECT	·	Name of Lin	mited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclos	sed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please retu	ırn all corresp	ondence concerning this matter	r to the following:	
		JACQUELINE FLUD		
		INVISION WORKS L.L.C	Name of Person	
		3195 CITRUS TOWER B	Firm:Company BLVD	
		CLERMONT FL 34711	Address	· · · · · · · · · · · · · · · · · · ·
		drflud2000@aol.com	City/State and Zip Code	-
		E-mail address: (to be used for future annual report notif	•
For further	information o	concerning this matter, please c	all:	JUL () 1 2019
JACQUEL	INETLUD		407 276-0856	
	Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for the	he following amount:		
□ \$25.00	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, F1, 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	n utions

Tallahassec, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAINBOW SQUARE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/13/2012 ____ and assigned Florida document number L12000117028 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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

MGR = MAMBR =	Manager Authorized Member		
<u>Fitle</u>	<u>Name</u> MARLENE VECCHIONACCE	Address 3195 CITRUS TOWER BLVD	Type of Actio
MGR		CLERMONT FL 34711	
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fanci	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	er filing \ Pussian	it to 605.02
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atod	- Jun 15, J		
4			
- 1	Signature of a manufactor and the second		
	Signature of a member or authorized representative of a member		
	JACQUELINE K FLUD		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00