

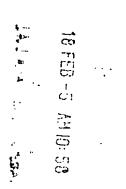
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: VCT	Fical Boards Name of Limited	OF OSCEOLA, I Liability Company	LC
The enclosed Articles of A	Amendment and fee(s) are submitt	ted for filing.	
Please return all correspon	ndence concerning this matter to t	he following:	
	Amanda	KYQUSe Name of Person	
		variate of Oscer	ola, LLC
	1407 Ohio A	Address	
	Saint Cloud	FL 34764 City/State and Zip Code	
	Pandalilady E-mail address (10)	CÚNO COM e used for future annual report notif	ication)
For further information co	ncerning this matter, please call:		
		at () Area Code Daytima	
Name of	Person	Area Code Daytima	e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filling 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:

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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

Vertical Boards (Name of the Limited Liab (A Flori	of OSCADIO LLC Illity Company as it now appears on our read da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	' '	and assigned
Florida document number <u>L120co1452</u>	<u>19</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		The Control of the Co
(Principal office address MUST BE A STREET ADD	ORESS)	***************************************
		
		-
Enter new mailing address, if applicable:	····	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		الله الله الله الله الله الله الله الله
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Amanda J. Krause	1407 Ohio Ave	Add
		1407 Ohio Ave. Saint Cloud, FL 34769	® Remove
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ffective date, if other an effective date is listender lote: If the date inse	ed, the date must be spo	ecific and cannot b	pe prior to date of fil	ling or more than 90 o	(optional) days after filing.) Po	ursulant to 605
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Filing Fee: \$25.00