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(Re	equestor's Name)	, , ,
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#### **COVER LETTER**

	Division of Cor			
eindie/		Design Group L.L.C.	•	
SUBJEC	O1	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Jeffrey Liebman		
			Name of Person	
		Envisions Design Group L	.L.C.	
			Firm/Company	
		10037 Heather Ln #401		
			Address	
		Naples FL 34119		
		info@wirefreeofnaples.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	ત્રી!:	
Jeffrey I	Liebman		239 273-5996 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
<b>\$25</b> .	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

### TO ARTICLES OF ORGANIZATION OF

Envisions Design Group L.L.C		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability Corida document number	Company were filed on 4/18/2013  —	_ and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	<u>ited liability company here</u> :	
Virefree Home Automation L.L.C.		
ne new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDI		
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
_		
. If amending the registered agent and/or regis	· · · · · · · · · · · · · · · · · · ·	e name of the
gistered agent and/or the new registered office add	rress nere:	<del>20</del>
Name of New Registered Agent:	, run	- P F:
New Registered Office Address:		12:
	Enter Florida street address	07
	, 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

### or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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f an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's re-	applicable statu	tory filing require	0 days after filing ments, this date	g.) Pursua	int to 60:	5.020' ed as
e record specifies a delayed effective date, bu The 90th day after the record is filed.	ut not an eff	ective time, at	12:01 a.m.	on the	e earli	er o
March 8th 2016		)				
, / Ac						
Signature of a member o	r authorized repr	esentative of a mem	ber			
Jeffrey Liebman						
	r printed name of	**************************************				

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Filing Fee: \$25.00