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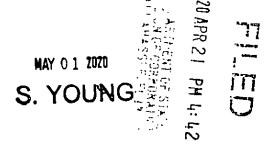
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COVER LETTER

	Registration Division of C			
SUBJEC	Vizcom I	Enterprises, LLC		
	••		mited Liability Company	
The enclo	sed Articles (of Amendment and fee(s) are su	bmitted for filing.	
Please ret	um all corres	pondence concerning this matte	r to the following:	
		Paul Cipparone		
			Name of Person	
		Cipparone & Cipparone,	P.A.	
			Firm/Company	
		1525 International Parkwa		
			Address	
		Lake Mary, Florida 32746	•	
			City/State and Zip Code	·
		pcipparone@cipparonepa.c		
		E-mail address:	to be used for future annual report r	otification)
For further	information	concerning this matter, please o	call:	
Paul Cippa	ironc		321 275-5914	
	Name	of Person	at () Area Code Days	time Telephone Number
Enclosed is	a check for t	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 Cupy (additional copy is enclosed)
Re D P.	ailing Addre- egistration ivision of C O. Box 632 allahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassec, F	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vizcom Enterprises, LLC			また。 この:- 2	,
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny ay il pow appears on our liability Company)	mends)	7
The Articles of Organization for this Limited	Liability Company	were filed on 08/11/2014	gand assigned	
Florida document number L14000125519	·		· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if appli	cable:			_
(Principal office address MUST BE A STRE	ET ADDRESS)			-
				-
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE	BOX)			
				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a <u>ess here</u> :	ddress on our records, g	nter the name of the new registe	<u>red</u>
Name of New Registered Agent:	Tara Godby			
New Registered Office Address:	1265 Upsala Ro	ad, Suite 1133		
		Enter Florida street	oddress	
	Sanford		, Florida 32771	
		City:	Zip Code	•

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the uppointment 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.

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
MGR	Eliud Vizcarrondo	1265 Upsala Road, Suite 1133	DAdd
		Sanford, Florida 32771	
			□Change
			DAdd
			DRemove
			☐ Change
			ClRemove
			□Change
			©Remove
			□Remove
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ffective date, if other than th an effective date is listed, the date ma inte: If the date inserted in this b ocument's effective date on the I	ust be specific and carmot be prior block does not meet the applie	(Opti	- 61 VIV
	ve date, but not an effective i	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record specifies a delayed effecti	ve date, but not an effective to	ime, at 12:01 a.m. on the earlier of: (I	o) The 90th day after the
record specifies a delayed effecti l is filed.	odby		o) The 90th day after the
record specifies a delayed effecti l is filed.	odby	orized representative of a member	o) The 90th day after the

Filing Fee: \$25.00