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| Special Instructions to Filing Officer: |
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ONVISION OF CORPORATIONS

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COVER LETTER

| TO: Registration Section Division of Corporations |
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| SUBJECT: Florida Visia feathy Tradition CC Name of Limited Liability Company |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Jack Dawbest Name of Person |
| Florida Vision Rearly Tradition |
| 796 Habor Isles Place |
| wat Palm Beach II 33410 City/State and Zip Code Catalogue Charid and Service Conf. |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Condy Schiefer at 772, 834-4545 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S55.00 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 Division of Corporations Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 9/8/2015 The Articles of Organization for this Limited Liability Company were filed on Florida document number L 15000153087 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 "LLC." 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 the new 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 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.

Cuy

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 |
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| <u>lote:</u> If the da | e, if other than the te is listed, the date mu ate inserted in this b fective date on the fi | lock does no | ot meet the a | applicable si | of filing or me atutory filing | re than 90 day requirement | (optional) s after filing.) I s, this date w | oursuant to 60. | 5.0201 ted as |
| | ecifies a delaye day after the rec | | | ut not an | effective ti | me, at 12 | :01 a.m. o | n the earli | ier o |
| ated | July | | 725 | | representative | | | | |

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Filing Fee: \$25.00