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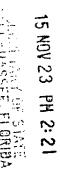
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## COVER LETTER TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: bo Visual LLC For further information concerning this matter, please call:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

**Z** \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee, Certificate of Status &

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1500172642</u> .	y were filed on <u>Oct 09, 2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abt	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1 rail, Orlando FT	32809
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	8421 South Dra Trad, Orlando, F Suite #102	ing Blossom 1 32809
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		the name of the new
Name of New Registered Agent:		13 TO 187
New Registered Office Address:	Enter Florida street address	3 mm
·	, Florida	Zirr Code
New Registered Agent's Signature, if changing Registered Agent	•	F

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
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ffectis	e date, if other than the date of filing:	Naiko -	2	
fan effe Note: I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date what's effective date on the Department of State's records.	ursuant to	605.020 listed a	07 (3)( as the
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	the e	arlier i	of:
Dated _	Nov 20th 2015			
	Many Surial Section of the Section o		_	
	Signature of a rember of arthorized representative of a member	<u>-</u>	_	

Page 3 of 3

Filing Fee: \$25.00