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COVER LETTER

TO:

Registration Section

Divisio	on of Cor	porations				
	IAXIMMI	ERSION VR, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed A	rticles of .	Amendment and fee(s) are sub	omitted for filing.			
Please return al	Leorrespo.	ndence concerning this matter	to the following:			
		MADELINE ACEVEDO				
			Name of Person			
		MAXIMMERSION VR, I	.I.C			
			Firm/Company			
		3601 SW VICEROY ST.			202 85	
			Address		-: <u>=</u>	•
		PORT SAINT LUCIE, FL	34953	•	2023 NAY 3 1 856 () 10 c	
			City/State and Zip Code		PH ST	
		F mail address:	to be used for future annual report no	tification) -	Hotel G	
For further info	rmation co	oncerning this matter, please c	•	F	7/E 33	
MADELINE A	CEVEDO)	954 675-1297			
-	Name of	'Person	at () Area Code Daytii	me Telephone Number		
Enclosed is a cl	heck for th	e following amount:				
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Regis	ig Address	Section	Street Address: Registration Se			
	ion of C Box 632	orporations 7	Division of Corporations The Centre of Tallahassee			
		, L 32314		oe Street, Suite 810)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXIMMERSION VR. LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JANUARY 26, 2016 and assigned Florida document number L16000018071 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAXIMMERSION TECHNOLOGIES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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.

City

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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record specifies a delayed effec	·	a.m. on the earlier of: (b) The 90th day after the
is filed.		
is filed. MAY 22	2023	

Filing Fee: \$25.00