To: Page 2 of 5
Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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DEPARTMENT OF STATE

VISION OF CORPORATIO

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as i (A Florida Limited Liability	t now appears of Commonly)	on our records.)	
The Articles of Organization for this Limited I Florida document number L16000053988	iability Company were	filed on <u>3/16/</u>	2016	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability c	ompany here	2.	
The new name must be distinguishable and contain the	words "Limited Liability Con	upany," the desi	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		· .	2
			· · · · · · · · · · · · · · · · · · ·	<u> </u>
				9
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		s	110	
		·		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office office address here:	addrzew on, o	our records, <u>enter</u>	the name of the n
Name of New Registered Agent:	NRAI Services, Inc.	· ·		
New Registered Office Address:	1200 South Pine Islan	d Road		
		Enter Florida	a street address	
	Plantation	<u> </u>	. Florida ³³	324
•		ity		Zip Code

Mew Mexistered Agent a Signature, it 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.

Page 1 of 3

ET 1155 - 1 1/15/2017 Workers Elever (Prise

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

Title	<u>Nume</u>	실 Address	Type of Action
MGR	James Forster	100 Livingston St.	🖸 Add
		Orlando, FL 32801	□ Remove
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			Add
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effective date is listed, the date must b	e specific and cannot be k does not meet the ar	prior to date of fil indicable statuto	ing or more than 90 day ry filing requiremen	ys after filing.) I ts. this date w	ursuant to 605. ill not be liste
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Page 3 of 3

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