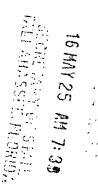


| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | | | | |
|--|---------------------|----------------------------------|--------------------------|--|
| SURJEC | VIS2, LLC | | | |
| SCHOLL | | Name of Limit | ted Liability Company | |
| The encl | osed Articles of A | Amendment and fee(s) are subn | nitted for filing. | |
| Please re | eturn all correspor | ndence concerning this matter t | to the following: | |
| Title Registration Section Division of Corporations VIS2, LLC Name of Limited Liability Company | | | | |
| | | | Name of Person | |
| | | Confidas Group LLC c/o F | oodman CPAs and Advisors | |
| | | | Firm/Company | |
| | | 1201 Brickell Avenue, Sui | te 610 | |
| | | | Address | |
| | | Miami, Florida 33131 | | |
| | | · | City/State and Zip Code | |
| | | · - · | | |
| Division of Corporations VIS2, LLC 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: Stanley I Foodman Name of Person Confidas Group LLC c/o Foodman CPAs and Advisors Firm/Company 1201 Brickell Avenue, Suite 610 Address Miami, Florida 33131 City/State and Zip Code etty@foodmanpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Etty Foodman Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{align*} \text{S25.00 Filing Fee} & \text{S55.00 Filing Fee} & \text{S60.00 Filing Fee}, \text{Certified Copy} & | | | | |
| For furth | ner information co | oncerning this matter, please ca | il: | |
| Etty Fo | odman | | 305 365-1111 at () | |
| | Name of | Person | Area Code Daytime T | elephone Number |
| Enclosed | d is a check for th | e following amount: | | |
| \$25. | 00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VIS2, LLC | | |
|--|---|--|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as it now appears on our records ed Liability Company) | <u>*)</u> |
| The Articles of Organization for this Limited Liability Compa | any were filed on 5/13/16 | and assigned |
| Florida document number 100285812611 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | iability company here: | |
| Confidas Group LLC | | |
| The new name must be distinguishable and contain the words "Limited Li | iability 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) |) | 200 |
| | | 3.3. 3. |
| | | 37.72 |
| Enter new mailing address, if applicable: | | SEE SEE |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| The state of the s | | 97. 13 |
| | | Control of the Contro |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco | | , enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| · · · · · · · · · · · · · · · · · · · | Enter Florida street address | Ş. |
| | , =, | orida |
| | City | Zip Code |

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.

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|--------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing one. If the date inserted in this block does not meet the applicable statutory is current's effective date on the Department of State's records. | (optional) or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be li | 05.020° sted as |
| record specifies a delayed effective date, but not an effective factoring the 90th day after the record is filed. | ve time, at 12:01 a.m. on the ear | lier o |
| ted | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00