(16000) 156881

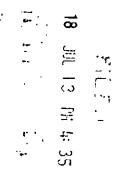
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| Special Instructions to | Filing Officer: | |
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S. PRATHER



May 29, 2018

EMILY HALPERN 1909 W LAMAR ST HOUSTON, TX 77019

SUBJECT: POV FLORIDA LLC Ref. Number: L16000156881

We have received your document for POV FLORIDA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

-850-245-6030-

Letter Number: 218A00011110

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www.sunbiz.org

COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|--|---|
| POV Flor | ida LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | ************************************** |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | condence concerning this matter | to the following: | |
| | Emily Halpern | Name of Person Firm/Company Address City/State and Zip Code to be used for future annual report notification) all: at (| |
| | | Name of Person | · |
| | POV Florida LLC | | |
| | | Firm/Company | <u> </u> |
| | 1909 West Lamar St. | | |
| | | Address | |
| | Houston, TX 77019 | | |
| | | City/State and Zip Code | |
| | emily_halpern@yahoo.com | | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information | concerning this matter, please c | all: | |
| Emily Halpern | | 267 252 - 2322 at () | |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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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

| POV Florida LLC | | |
|--|---|--------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lir | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Com | pany were filed on August 23, 2016 | and assigned |
| Plorida document number L16000156881 | | ٠- ت |
| This amendment is submitted to amend the following: | | . . |
| A. If amending name, enter the new name of the limited | ł liability company here: | <u> </u> |
| VUE Partners LLC | | F. |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or | the abbreviation "LL.C." |
| Principal office address MUST BE A STREET ADDRES Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | 455 NE 5th Av Delran Beach | e SuiteD #39 |
| B. If amending the registered agent and/or register | | 3493. |
| registered agent and/or the new registered office addres | <u>s here</u> : | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florid | la |
| | 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

| | mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records: | | | | | |
|--------------|---|----------------|----------------|--|--|--|
| | IGR = Manager MBR = Authorized Member | | | | | |
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action | | | |
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| Effective date, if If an effective date is Note: If the date i document's effecti | inserted in this blo | ock does not i | meet the applic | able statutory filin | op nore than 90 days af ng requirements, t | tional) fer filing.) Pursua his date will no | ant to 605,0207 of be listed as t |
| ne record speci The 90th day | | | | t an effective (| ime, at 12:01 | . a.m. on th | e earlier of: |
| Dated May 22 | | | 2018 | | | | |
| | Einely | Hal | per | _ · | | ÷ | 18 JU |
| | | Signature of a | member or author | rized representative | of a member | • | |
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Page 3 of 3

Filing Fee: \$25.00