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(Re	questor's Name)	_
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COVER LETTER

TO: Registration Sect Division of Corpo		•	
SUBJECT: Who	st's Your F	ointe, LLC	,
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Ir()	y Benjamin Name of Person	
	Troya	Mgle Visuals	
	10.		
	<u> </u>	W Miami Ct	
		Address	
	Hiam	City/State and Zip Code	
		•	
	troyangle	2 VISU 215 @9 M2 i1. to be used for future annual report notif	com
			ication)
For further information con-	cerning this matter, please ca	all:	
Name of Pa	Benjamin	at (<u>786</u>) <u>310</u> Area Code Daytime	5001
ivanic Of FC		Area Code Daytime	: Telephone Number
Enclosed is a check for the f	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:

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**

(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 9/14/2016 and assigned Florida document number L 16 000175256. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Troyangle Visuals LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: N/A Enter Florida street address Filorida M/A Zip Code	What's	Your	Pointe		
Florida document number L 16 000175256. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TOURNE VISUALS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ner registered agent and/or the new registered office address here: Name of New Registered Agent: N/A New Registered Office Address: N/A Enter Florida street address N/A Finter Florida street address N/A Finter Florida street address	(Name of the Limited	Liability Comp A Florida Limited	any as it now appears o Liability Company)	on our records.)	
A. If amending name, enter the new name of the limited liability company here: Troyargle Visuals LLC			v were filed on <u>q</u>	/14/2016	and assigned
Troyangle Vigo als LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: N/A New Registered Office Address: N/A Enter Florida street address N/A Florida N/A Tip Code	This amendment is submitted to amend the follow	ving:			
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: Name of New Registered Agent: NAM New Registered Office Address: NAM Enter Florida street address NAM City Florida NA Zip Code	Troyangle Visuals	LLC			abbraviation "LLC"
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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: NA	- T			<u> </u>	9
Name of New Registered Agent: New Registered Office Address: N/A		<u>0x)</u>	N/A		<u> </u>
New Registered Office Address: N	B. If amending the registered agent and/or registered agent and/or the new registered office	registered of	ffice address on o e:	ur records, <u>ente</u>	r the name of the nev
Enter Florida street address N/A City Sip Code	Name of New Registered Agent:	N/A			
N/A Florida N/A City Zip Code	New Registered Office Address:	NIA	····		
City Zip Code		NIA	Enter Florida		N/A
New Registered Agent's Signature if changing Degistered Agent.	Vous Degistered 112 (V		City	, FIOTIUA _	Zip Code

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
<u>Ambr</u>	Tationa J. Bastion	19110 NW Miami Ct	Add
		19110 NW Miami Ct Miami, FL 33169	X Remove
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(If an effective Note: If the	date is listed, the date inserted in	nan the date of f date must be specifi this block does to the Department	e and cannot be p not meet the ap	rior to date of filir plicable statutor	ng or more than 90	days after filing.) P	irsuant to 605.0207 (Il not be listed as t
		lelayed effectiv he record is fil		not an effec	tive time, at	12:01 a.m. on	the earlier of:
Dated	Apr	114	20	19	Then -		.
_		Signature	of a member or a	authorized eprese	ntative of a memi	er	

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Filing Fee: \$25.00