## L17000017366

•		
(Re	questor's Name)	
•		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
<b>,</b> -	,	•
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE CORPORATIONS

J DENNIS

## **COVER LETTER**

· TO: - Registration Section

P.O. Box 6327

Tailahassee, FL 32314

Division of Co	rporations		
CURTECO	ic	ovr, llc	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jon Gress		
		Name of Person	<del></del>
	The Metaverse Construction	on Company LLC	
		Firm/Company	<del></del>
	15421 Camp Dubois Cres		
		Address	
	Winter Garden, FL 34787		
		City/State and Zip Code	<del></del>
	jon@metaverse-constructio	n.com to be used for future annual rep	port potification)
For further information (	concerning this matter, please c		
Jon Gress		954 at ()	600-0732
Name (	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	_	on Section
Division of C	Lorporations	Division of	of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ioVR,			
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (	Company were filed on	01/23/2017	and assigned
lorida document numberL17000017366	<del></del> .		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lim	nited liability company h	ere:	
The Metavers	e Filmschool LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the o	lesignation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:			
• •	<del></del>		
<u>Principal office address MUST BE A STREET ADD</u>	KESS)		
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	· · · · · · · · · · · · · · · · · · ·		
L. If amending the registered agent and/or registere	d affice address an our r	ecords enter the ne	me of the new regist
gent and/or the new registered office address here:	a office address on out i	ecorus, <u>enter the ha</u>	ine of the new regist
N. CN. D. L. IA			
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Flor	rida street address	
		. Florida	
<del></del> -	City	, FROTIUA_	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 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
AMBR	Austyn Cohen	18872 DEODAR ST	≣Add
		FOUNTAIN VALLEY, CA 92708	□ Remove
·			□Change
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ote: If the date	f other than the date of filing:
	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record specifies and is filed.	
	August 3 , 2022 , M6R
is filed.	August 3 2022  MGR  Signature of a member or authorized representative of a member