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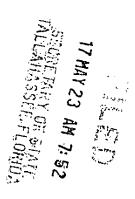
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COVER LETTER

TO:	Registration See Division of Corp			
CHDIE	VISUAL LI			
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		SHARON SILLATO		
			Name of Person	
		VISUAL LITE LLC		
			Firm/Company	
		207 NE 14TH AVE		
			Address	
		POMPANO BEACH, FLO	RIDA, 33060	
			City/State and Zip Code	
		visuallitellc@gmail.com	o be used for future annual report notifi	
			•	ication)
For furth	er information co	ncerning this matter, please ca	ıll:	
SHARO	N SILLATO		954 4483502 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
월 \$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

VISUAL LITE LLC (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 02/13/2017 and assigned Florida document number L17000034478 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CLEAR VISUAL DEVELOPMENT LLC The new name must be distinguishable and contain the words "Limited Liability 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) 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager								
	uthorized Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action					
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			☐ Change					
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Effective date, if other than the date of filing:	(optional)	
f an effective date is listed, the date must be specific and cannot be prior to date of filing or many Note: If the date inserted in this block does not meet the applicable statutory filing the content of the date inserted in this block does not meet the applicable statutory filing the content of the date inserted in this block does not meet the applicable statutory filing the content of the date inserted in this block does not meet the applicable statutory filing the content of the date in the date of the date in th	nore than 90 days after filing.) Pursuant to 60	05.0201 sted as
document's effective date on the Department of State's records.	is requirements, this date with her be in	3104 41
ne record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the ear	lier o
The 90th day after the record is filed.		
. 19th of May 2017		
Dated 19th of May 2017		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00