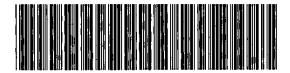
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COVER LETTER

SUBJECT: CRYS	TAL VISION	LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	•
Please return all correspond	tence concerning this matter to	o the following:	
		•	
	DANIEL 1	-ICHTENSTEIN)	
		Name of Person	
	CRYSTN-	VISION LLC	
		Firm/Company	
	3025 320 5	STREET N	
		Address	
	ST. PETERSBO	DG, FL, 33704	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notification	MAIL.COM
For further information con	cerning this matter, please cal	ll:	
DANIEL LI	CHTENSTEIN	ar(541) 326.70	34
Name of F		at (ephone 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:

Registration Section Division of Corporations

TO:

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

CRYSTAL VISION	LLC	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
	many were filed on 02/24/2017	1
The Articles of Organization for this Limited Liability Com	pany were filed on OLIZII	and assigned
Florida document number <u>L17000044(4)</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
registered agent and/or the new registered office address	<u> 5 liei e</u> .	Server .
		層の フ
Name of New Registered Agent:		
New Registered Office Address:		SS
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, and I am at as provided for in Chapter 605, F.S. Or,	familiar with and , if this document is

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 **Title** <u>Address</u> **Type of Action Name** DANIEL A. LICHTENSTEIN 3025 3RD ST. N., 33704 ST. PETENSBURG, FL 33704 - Remove Change _ Add ☐ Remove _□ Change _ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove □ Change □ Add _□ Remove ☐ Change

						
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ective date, if other to effective date is listed, the term of the date inserted ument's effective date	e date must be specific in this block does n	and cannot be prior of meet the applic	able statutory filir	option (option of the core than 90 days after	onal) filing.) Pursuant	to 605.02 be listed
record specifies a he 90th day after	delayed effective the record is file	ve date, but no ed.	t an effective	time, at 12:01 a	.m. on the	earlier
ed			- A			
	1 da	of a member or author		of a mamba		_

Page 3 of 3

Filing Fee: \$25.00