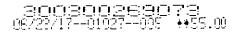
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1. HARRIE

COVER LETTER

Division of Corporations
SUBJECT: Multivision Design + Marketing, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stacy Adams Name of Person Multivision Design, + Marketing ILL Firm/Company 5864 NW 24th Ct Address Margute F1 33063 Cit/State and Zip Code Saclams 1160 amail com E-mail address: (to be used for future lannual report notification)
For further information concerning this matter, please call:
Stacy Adams at (334) 452-5434 Area Code Daytime Telephone Number

11 \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

\$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jarkehing, LLC The Articles of Organization for this Limited Liability Company were filed on June 8, 2017 and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member Address **Type of Action** <u>Title</u> Name 5864 NW 2444C+ Aaron Brawn ☐ Change _□ Add _□ Remove _□ Change _□ Add □ Remove Change □ Add ☐ Remove _□ Change _□ Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Dated	Olmo 20, 200 Skipplure of a member of a member of a member of a member	2017
	Stacy Adams Story Printed name of signee	
	Page 3 of 3	2

Filing Fee: \$25.00