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COVER LETTER

Divi	ision of Cor _l	oorations				
SUBJECT	American V	crican Visa Business Plans LLC				
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Patricia Thompson				
			Name of Person			
American Visa Business Plans 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: Patricia Thompson Name of Person Firm/Company 4104 Kandra Ct Address Belle Ilse, FL 32812 City/State and Zip Code hibiscuscorporation@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anne Thompson Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{align*} \text{S25.00 Filing Fee} \Bigsimus 330.00 Filing Fee & Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed)						
		4104 Kandra Ct				
American Visa Business Plans 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: Patricia Thompson Name of Person Firm/Company 4104 Kandra Ct Address Belle Ilse, FL 32812 City/State and Zip Code hibiscuscorporation@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anne Thompson Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Bigsim \$25.00\$ Filing Fee \$\Bigsim \$30.00\$ Filing Fee & Certificate of Status (Certified Copy) (additional copy is enclosed)						
		Belle Ilse, FL 32812				
	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Patricia Thompson Name of Person Firm/Company 4104 Kandra Ct Address Belle Ilse, FL 32812 City/State and Zip Code hibiscuscorporation@gmail.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: hompson Name of Person Area Code Daytime Telephone Number di is a check for the following amount: 0.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Certified Copy Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)					
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		E-mail address: (to be used for future annual report notifi	ication)		
For further ir	nformation co	oncerning this matter, please ca	all:			
Anne Thomp	•		321 2282913 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS:

TO:

Registration Section

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

American Visa Business Plans 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 02/28/2018 and assigned Florida document number __L18000053636 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pitchdeck Business Plans 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 City 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 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
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	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00