L180000085121

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COVER LETTER

	Registration So Division of Cor			
CHD IEC	Vimvest IP	, LLC.	·	•
SUBJEC*	l: <u> </u>	Name of Limit	ed Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please ret	urn all correspo	ondence concerning this matter to	o the following:	
		Phillip Dickson		
			Name of Person	
		Vimvest, LLC.		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		3322 Bee Ridge Rd		
			Address	
		Sarasota, FL 34239		
		pdickson@monorail.com E-mail address: (to	City/State and Zip Code be used for future annual report noti	fication)
For furthe	r information c	oncerning this matter, please ca	II:	
Phillip Di	ckson		941 925-2121 at ()	
-	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for tl	he following amount:		
□ \$25.0	0 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 Addres		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Cor	porations	
P.O. Box 6327		The Centre of T	ananassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

123

Vimvest IP, LLC. (Name of the Limited Liability Company as it now appears on our records.) 12 AFI ID: 33 (A Florida Limited Liability Company) Florida document number _ L18000085121 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Monorail IP, 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 __. Florida ___ CinvNew 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change

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Effective date, if other than the date of filing: I'an effective date is listed, the date must be specific and cannot be prior to date of filing or more that solve: If the date inserted in this block does not meet the applicable statutory filing requiled locument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the d is filed.					
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Note: If the date inserted in thi	s block does not meet th	ne applicable statutor	(o ng or more than 90 days a ry filing requirements.	ptional) ifter filing.) Pursuant to 605,02 this date will not be listed	207 (as t
	ctive date, but not an ef	fective time, at 12:01	a.m. on the earlier of	(b) The 90th day after the	1e
September 1	202	22			
	ONA	·			
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	Signature of a member	er or authorized represe	ntative of a member		