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COVER LETTER

Provision Networks Ite 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: Diane Toussaint Name of Person	Registration Section Division of Corporat		Ю:	Registration Section Division of Corporations		-
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: Diane Toussaint Name of Person Provision Networks Ile Firm/Company 7750 NW 78 AVE APT 104 Address Tamarac fl. 33321 City/State and Zip Code dianet4@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Diane Toussaint 954 591-5248 at ()						
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at ()	her information concern	further	or furtl	er information concerning this matter, please	e call:	
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	Name of Perso		_	Name of Person		rtime Telephone Number
Enclosed is a check for the following amount:	ed is a check for the follo	losed is	nclose	is a check for the following amount:		
(additional copy is enclosed) Certified Copy	5.00 Filing Fee	\$25.00	1 \$25		Certified Copy	Certificate of Status &

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

Provision Networks LLC			
(<u>Name of the Limited Liab</u> (A Flori	illty Company as it now appears on our records ida Limited Liability Company)	<u>.</u>)	
The Articles of Organization for this Limited Liability	Company were filed on 04/05/2018	and assigned	
Florida document number L18000086175	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		7190	
(Principal office address MUST BE A STREET ADI	DRESS)	9 47:	
		8	
		3	
Enter new mailing address, if applicable:		9:	
(Mailing address MAY BE A POST OFFICE BOX)		91	
B. If amending the registered agent and/or reg	gistered office address on our records	, enter the name of the ne	
registered agent and/or the new registered office ad	-		
	•		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		rida	
	City	Zip Code	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maurice Toussaint	7750 NW 78 ave apt 104 Tamarac FI, 33321	
			□ Remove
			☐ Change
			Add
			□ Remove
		····	☐ Change
			Remove
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For all the second of			
(If an effective date is listed, the date m	block does not meet the applicable s	(optional) te of filing or more than 90 days after filing.) Pursual statutory filing requirements, this date will not	
the record specifies a delaye) The 90th day after the re	ed effective date, but not an cord is filed.	effective time, at 12:01 a.m. on the	earlier of:
October 15	2019		
1			
.	MUDDAMY	frepresentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00