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(R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phone #)			
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			ŕ		
Suri	Invisors EF	F Management LLC				
3011	<u>-</u>	Name of Lim	ited Liability Company			
The e	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspo	ndence concerning this matter	to the following:			
		Keith Diego				
			Name of Person			
Invisors EPP Management LLC						
			Firm/Company			
		122 Olympus Way				
		Address				
		Jupiter, FL 33477				
		·	City/State and Zip Code			
		keith.diego@invisors.com				
		E-mail address: (to be used for future annual report n	otification)		
For fu	urther information co	oncerning this matter, please ca	all:			
Jose	ph R. Gomez, Esc	1.	305 377-1000	ı		
	Name of	l Person	Area Code Dayt	ime Telephone Number		
Enclo	sed is a check for th	e 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 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

Invisors EFF Management 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
Florida document number L18000105887

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Invisors EPP Management 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 Tame of the neregistered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida

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 Name Address **Type of Action** _□ Add ☐ Remove _□ Change bbA □_ ☐ Remove ☐ Change ~ □ Add ☐ Remove □ Change ☐ Remove _□ Change □ Add ☐ Remove

_□ Change

		
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blod document's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant ck does not meet the applicable statutory filing requirements, this date will not b	to 605.0207 (3 e listed as th
the record specifies a delayed) The 90th day after the reco	effective date, but not an effective time, at $12:01\ a.m.$ on the ϵ rd is filed.	earlier of:
June 19	2018	
Dated		
	de la	
	ignature of a member or authorized representative of a member	_
Joseph R. Gomez, Esc		
	Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00