L18000149577

(Requestor's	Name)
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COVER LETTER

TO: Registration Division of 0	n Section Corporations		
aun war	H2 Adviso	v< 110	
SUBJECT:	Name of	f Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are	e submitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Rebecca	- Gavidia Name of Person	
		VISOYS LLC Firm/Company	
	101 NE 1 5	St Ave Address	
	Ocala, FL	City/State and Zip Code h 2 adv. com ress: (to be used for future annual report no	
	Kebecca E-mail addr	ress: (to be used for future annual report no	tification)
For further information	on concerning this matter, plea	ase call:	
Rebecci	a Gavidia mc of Person	at (352)3 55 Area Code Dayti	5 - 8 33 3 me Telephone Number
Enclosed is a check f	for the following amount:		
\$25.00 Filing Fe	ee ☐ \$30.00 Filing Fee & Certificate of State		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	on Section	Street Address: Registration S	
Division of	of Corporations	Division of Co	orporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H2 Advisors, LL	C	2270 05 10 20 5:46
H2 Advisors LL (Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears or ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparing L18000149517	any were filed on	6 18 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our reco	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida s	treet address
	Circ	, Florida
Now Designand Agent's Cimpatons (Calculus D. 14 . 14	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 22210	U. 13 P. 5: 46	Type of Action
MGR	Angela Sistarelli -	Temple_	101 NEISTAVE	□Add
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n effective date is lis <u>ste:</u> If the date ins	ther than the date ted, the date must be spected in this block do date on the Departm	eific and canres not meet	ot be prior to d the applicable	ate of filing or mo	ore than g requir	(optional) 90 days after filing.) Prements, this date wi	ursuant to 605.0207 Il not-be listed as
ecord specifies a dis filed.	elayed effective date,	but not an e	ffective time,	at 12:01 a.m. o	n the e	arlier of: (b) The 9	0th day after the
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ted <u>Dctol</u>	Lepere	a Lirc of a mem	2020.	d representative of	of a men	nber	·