## 218000222493

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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor						
ena in		II ENTERPRISE, LLC					
SUBJEC	J:	Name of Lim	ited Liability Company				
The encl	The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		ABEL HERNANDEZ		· .			
			Name of Person				
		JADEMANI ENTERPRIS	E, LLC				
Firm/Company		Firm/Company	<del></del>				
		1417 PRO SHOP COURT		clephone Number  \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)			
			Address				
		CHAMPIONS GATE, FL					
			City/State and Zip Code				
		ABEL@VUEMARKETING	GROUP.COM to be used for future annual report notific	witing)			
For furth	er information co	oncerning this matter, please ca	·	eart(AT)			
ABEL E	IERNANDEZ		at (305) 726-	4587			
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	e following amount:					
<b>ў</b> Д \$25∂	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
	Registra	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JADEMANI ENTERPRISES 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 Comp	any were filed on	and assigned
Florida document number L18000222493		aria (
This amendment is submitted to amend the following:		*
A. If amending name, enter the new name of the limited	liability company here:	
VUE MARKETING GROUP LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "I	.LC" 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:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:		rds, enter the name of the nev
New Registered Office Address:	Enter Florida street ada	dr. ree
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	·	ng com
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I lete performance of my duties, as provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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
			Remove
			Change
			□ Add
		<del></del>	Remove
			☐ Change
		·	
			□ Remove
			Change
			□ Ađd
			□ Remove
			□ Change
			Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	DUNE 3, 2019
	Signature of a member of authorized representative of a member
	Abel M Hernanger  Typed or printed name of signee

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Filing Fee: \$25.00