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COVER LETTER

TO: Registration Sec Division of Corp			
subject: Vis	Sidnary Group Name of Limit	Abvement LLC led Liability Company	
	Amendment and fee(s) are subrandence concerning this matter t		
	Michael-Ann	ne Feedinand Name of Person	
	<u>Visionary</u> G	Droup Movement Finn/Company	LIC
	21 NW 1st	Ave #Unit 336	
	Dania, F	L 33004 City/State and Zip Code	<u> </u>
	Vamilco Figuril address: (t	Vahon. Com d be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Michael Anne Formance o	Eldinard F Person	at (<u>305</u>) <u>924-4</u> Area Code Daytim	5/8 e Telephone Number
Enclosed is a check for th	ne 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 Address: 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

Visionairy Group Movement 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 ___ _____ and assigned Florida document number <u>L18000239527</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VSIONARY Group Movement 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

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 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
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record sp d is filed.	ecifies a delayed effective	ve date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of; (b) The 90th day afte	r the
Dated	0/01		2020	<u></u> ·			
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