L18000287961

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ТО:	Registration Se Division of Cor		<i>ં</i>	
C1118 112	CRYSTAL	. VIZION PRODUCTIONS L	.C	
SUBJE.	C1:	Name of Lir	nited Liability Company	_
The enc	losed Articles of	Amendment and fee(s) are suf	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		CRYSTAL WILCOX		
			Name of Person	
		CRYSTAL VIZION PRO	DUCTIONS LLC	
			Firm/Company	
		850 NW 155TH LANE #1	01	
			Address	
		MIAMI, FL 33169		
		WILCOXCRYSTAL17@C	City/State and Zip Code MAIL.COM	
		E-mail address: (to be used for future annual report notification)	
For furth	ner information co	oncerning this matter, please c	all:	
CRYST	AL WILCOX		954 643-1607 at ()	
	Name of	f Person	Area Code Daytime Telephone	Number
Enclosed	l is a check for th	te following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee. (2) ertificate of Status (3) ertified Copy dditional copy is enclosed:
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasses 2415 N. Monroe Street, S Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO -ARTICLES OF ORGANIZATION OF

CRYSTAL VIZION PRODUCTIONS LLC

(Name of the Limited L (A F	Jability Company as it now appears on or Porida Limited Etability Company)	ur records.)
The Articles of Organization for this Limited Liabil Florida document number $\frac{1.18000287961}{1.18000287961}$		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis	stered office address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	
-	City	, Florida
New Registered Agent's Signature, if changing Regis	•	, Florida
I hereby accept the appointment as registered agorovisions of all statutes relative to the proper as accept the obligations of my position as registered being filed to merely reflect a change in the registered company has been notified in writing of this chain	nd complete performance of my di ed agent as provided for in Chapte stered office address, I hereby con	ay, 1 jurner agree to Comprision the ties, and I am familiar with and er 605, F.S. Ov, if thi Dlocument 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
MGR	CRYSTAL WILCOX		□Add
			□Remove
		850 NW 155th LANE #101 MIAMI, FL 33169	■ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			Change
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			Remove
			(=17.1)

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fective date, if other than the	date of filing:	(optional) (optional) (optional) (optional) (optional) (optional) (optional)
<u>ote:</u> If the date inserted in this bi	ock does not meet the applicable statutor	ng or more than 90 days after filjing.) Purstant to 605.02 y filing requirements, this date will not be listed ;
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ecord specifies a delayed effectives filed.	e date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
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APRIL 2nd	2021	Ę
	C.W.L	
	Signature of a member or authorized represe	ntative of a member

Filing Fee: \$25.00