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SECRETARY OF STATE ORIDA

COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	CCT:	Vi Sicoco Name of Limit	- Legal, LLC led Liability Company	
			<u>-</u>	
		cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: ECHACLISTE Name of Person VISIONAL Legal, LLC Firm/Company Legal, LLC Firm/Company Legal, LLC Firm/Company Address Tampa F1 33665 City/State and Zip Code CCHACLISTE Benall address: (to be used for future annual report notification) nation concerning this matter, please call: Lacaliste Area Code Daytime Telephone Number Stort the following amount: Fee Stort the following amount: Fee Certificate of Status Certified Copy (additional copy is enclosed) Address: Street Address:		
		Visi	Firm/Company Legal,	LLC
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For fur	ther information cond			,
	Name of Pe	ardister	at (813) 847-\$ Area Code Daytime Telep	ohone Number
		☑ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address: Registration Sec	ction	Street Address: Registration Section	

Registration Section 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

Visionary Lega	1, LLC
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	12/19/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2021
(Principal office address MUST BE A STREET ADDRESS)	
1. The part of the control of the co	229
	FIG. N
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	22 RID
	<i>y</i>
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address: Enter F	lorida street address
	, Florida
Čitv .	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 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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