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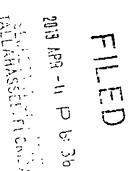
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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| TO: Registration So Division of Cor | | • | |
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| CHD IECTP. | Oper | Envision LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | <u> </u> |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | Manuel A. Llano | |
| | | Name of Person Open Envision LLC | |
| | | Firm/Company 611 SW 67th Ave | 28 F8 -1 |
| | | Address Miami , FL 33144 | |
| | | City/State and Zip Code openenvision@yahoo.com | b. 3b |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information of | concerning this matter, please co | ali: | |
| Manuel | A. Llano | 305 409-1138 | |
| Name o | of Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he 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) |
| | ING ADDRESS: | STREET/COURI | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| C | pen Envision LLC | | | |
|--|---|---------------------------------|--|--|
| (<u>Name of the Limited Liability</u> (A Florida I | Company as it now appears on our record limited Liability Company) | <u>ts.</u>) | | |
| The Articles of Organization for this Limited Liability Company were filed on 63/18/2019 Florida document number L19000074740 | | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | | | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LLC | C" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | 28 | | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | 2 | | |
| | | 3/5, 30 | | |
| | | 等 F 国 | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | िसं ज | | |
| | | Din G | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | | s, enter the name of the new | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street addre: | ** | | |
| | | orida | | |
| | 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|------------------------------------|-------------------|
| MGR | Manuel A. Llano | 611 SW 67th Ave Miami, FL 33144 | |
| | | V-11-1 | Add |
| | | | □ Remove |
| | | | Change |
| MGR | Yadira Heredia | 611 SW 67th Ave Miami, FL 33144 | |
| | | | □ Remove |
| | | | Change |
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| L Effective | e date, if other than the date tive date is listed, the date must be sp | of filing: | or to date of filing or non | c than 90 days after | onal) r filing \ Pursuant to 60 | 05 02 |
| | the date inserted in this block don's effective date on the Departm | ses not meet the appli | icable statutory filing | requirements, thi | s date will not be lis | sted : |
| | | sctive date thut n | ot an effective tir | ne, at 12:01 a | a.m. on the earl | lier : |
| documer the reco | rd specifies a delayed effe 10th day after the record is | s filed. | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00