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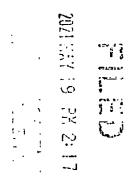
(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Cor					
SUBJECT:	Oseph (apital	Investments LLC	··		
	(value of zine)	anco manny sampany			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	J	9(0b Joseph Name of Person			
	Joseph (Gpital Invest me	154C	202	
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		Address		619	• •
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	<u> </u>	Island, FL 327. City/State and Zip Code	7) Please	5	<u>.</u>
		PHO825@ Gma, 1. Com to be used for future annual report noti		1	
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
Jacob :	Joseph	371 . logra	-71761		
Name o	f Person	at (321) 696 Area Code Daytim	e Telephone Number	-	
Enclosed is a check for the	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 F Certificate of S Certified Copy (additional copy i	Status &	
Mailing Addres		<u> Street Address:</u>			
Registration S		Registration Sec Division of Cor			
Division of C P.O. Box 632		The Centre of T			
Tallahassee 1			e Street Suite 810		

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSEPH CAPITAL INVESTMENTS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000172776</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
1)-VUE LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	618 E South stieet	Suite 500
Trincipal office address (NOS) The ATTRIBLE TERRESS	- Carrier - South	₩
Enter new mailing address, if applicable:	; !	12: 10:
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new register
Name of New Registered Agent:		
New Registered Office Address:	From Elmite monthly	
	Enter Florida street address	
	Florida	<u> </u>
	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 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

Title	<u>Name</u>	Address		Type of Action
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