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T. LEMIEUX COZ VI SIN

COVER LETTER

| TO: Registration Section Division of Corpora | |
|--|---|
| SUBJECT: | Young Visionaries 96 CLC, Name of Limited Liability Company |
| The enclosed Articles of Ame | endment and fee(s) are submitted for filing. |
| Please return all corresponder | nce concerning this matter to the following: |
| - | Soshia Westly Name of Person |
| - | Young Visionarces LLC Firm/Company |
| - | 3173 Allign Marie ct |
| - | Tallaheren, FL 32304 City/State and Zip Code |
| _ | E-mail address: (to be used for future annual report notification) |
| For further information conce | erning this matter, please call: |
| SO Street | rson at (470) 334 – 4403 Area Code Daytime Telephone Number |
| Enclosed is a check for the fo | oflowing amount: |
| S25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Voucin Visiona | rec 96 LLC, FILED |
|---|--|
| (Name of the Limited Liability Compan (A Florida Limited L | Liability Company) 2018 AUG 4 PH 1: 35 |
| The Articles of Organization for this Limited Liability Company Florida document number <u>119002</u> の73と | were filed on 05 13 HARRETARY OF STATE and Sta |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | oility company here: |
| The new name must be distinguishable and contain the words "Limited Liabili | dity 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 of registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | , Florida |
| Name Descriptional Agent's Signature if changing Registered Agents | · |

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, enter the title, name, and address of each person_being added or removed from our records:

| MGR = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|----------------------------|------------------|
| <u>Title</u> | Name | Address | Type of Action |
| AMBR | William Worky | 10227 Falcon Pare Blid apt | <u>302</u> □ Add |
| | | Orthodo, FC 32382 | to Kemove |
| | | | ☐ Change |
| MGR | Aua Adams | 506 Meuntain Spring Dr | <u>`</u> □ Add |
| | | Stone Muntan, GA 300 | OTS ©Kemove |
| | | | Change |
| Myk | Joshy Worly | 3173 Allan Mane of | D Add |
| | · | talluharen, PC 323 W | □ Remove |
| | | | ☐ Change |
| AMBR | Justia Warty | 3173 Allisa Mare ct | rs ./dd |
| | 1 | Tallahaxu, PL 32304 | □ Remove |
| | | | Change |
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| reffectiv <u>te:</u> If th | late, if other than the date is listed, the date in listed in this best effective date on the I | ust be specific and o block does not me | cannot be prior to o eet the applicabl | date of filing or more the statutory filing rec | (optional nan 90 days after filing puirements, this date | g.) Pursuant to 605.0207 (|
| | | • | | | | |
| | l specifies a delaye | | ate, but not a | n effective time | e, at 12:01 a.m. | on the earlier of: |
| | th day after the re | | | | | |
| he 90 | | 1 <u>. </u> | 2019 | , | | |
| he 90 | th day after the re | A. | 2019 Lember or authoriz | UV/ cd representative of a | member | |

Page 3 of 3

Filing Fee: \$25.00