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JUN 29 2020

SECRETARY OF STATE

D. BRU' AUG 11

SUBJECT: VOCALC	OLA, LLC	*	4
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JEFFREY A POWELL		
Name of Person			
		Firm/Company	
180 E. BURGESS RD., SUITE D			
		Address	
	PENSACOLA, FL 32503		
		City/State and Zip Code	
	jeff@prosperousim.com	and Conf.	
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report rall:	SECRETALLA
JEFFREY A. POWELL		850 475-4444 at ()	LAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAH
Name o	of Person	Area Code Day	time Telephone Number SSE PH S:
Enclosed is a check for t	he following amount:		一
■ \$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)
Mailing Address Registration	Section	Street Address: Registration 5	Section
Division of C	or porations	Division of C	or porations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

VOCALCOLA, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/06/2020 and a Florida document number L20000011789 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 designation "LLC" or the abbreviation " 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 office address on our records, enter the name of the 16 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabic company has been notified in writing of this change.

City

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type
MGR	JEFFREY A POWELL	180 E. BURGESS RD., SUITE D	
		PENSACOLA, FL. 32503	
		.	⊡C
MGR	EDWARD C HILL	180 E. BURGESS RD., SUITE D	= A
		PENSACOLA, FL. 32503	□R
			□c
MBR	JEFFREY J POWELL	180 E. BURGESS RD., SUITE D	□A
		PENSACOLA, FL. 32503	≣ R
			□c
MBR	AARON J WILKINS	180 E. BURGESS RD., SUITE D	= A
		PENSACOLA, FL. 32503	R
			EGRE JARY
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(If an effec <u>Note:</u> If	ve date, if other than the date of filing: O1/01/2020 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	rsuant to (
f the record : ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 ed.	th day a
Dated	<u>@ 25 2020 </u>	
	Signature of a member or authorized representative of a member	
	JEFFREY A POWELL	
	Typed or printed name of signee	