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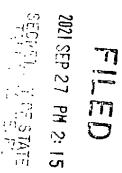


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COVER LETTER

TO:

Registration Section **Division of Corporations**

OMNIVERSE MANAGED SERVICES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jude Benoit Name of Person OMNIVERSE MANAGED SERVICES, LLC Firm/Company 13780 SW 26th St Address Miramar FL 33027 City/State and Zip Code jude.m.benoit@omniversetechpartners.com E-mail address: (to be used for future annual report notification) For furtner information concerning this matter, please call: Jude Benoit Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMNIVERSE MANAGED SERVIC	•		
(<u>Name of the Lumited</u> ()	Liability Compa Florida Limited I	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Lia	bility Company	were filed on 1/31/2020	and assigned
Florida document number L20000037915	·		·
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
Omniverse Vision Services, LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designation "L	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		12559 Biscayne Blvd # A	2021 SE(
		North Miami, FL 33181	CT SET
			27
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12559 Biscayne Blvd # A	PH 2:
		North Miami, FL 33181	四百 5
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records, <u>ent</u>	ter the name of the new regis
Name of New Registered Agent:	Jude Benoit		
New Registered Office Address:	13780 SW 26th	: St	
		Enter Florida street ada	Iress
	Miramar	_	Florida 33027
		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

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