# K2C 000 202649

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22 FEF 10 PN12: 57

T. MATTHEWS FEB 2 8 2022

### **COVER LETTER**

TO: Registration 5 Division of Co		·	
Dash Vis	ion LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Fabrizio Lengua		
		Name of Person	<del></del>
	ZenBusiness INC.		
		Firm/Company	<del></del>
	5511 Parkerest Dr. Suite 1	0.3	
		Address	<del></del>
	Austin, TX 78731		
		City/State and Zip Code	<del></del>
	fulfillment@zenbusiness.co		
		to be used for future annual report not	itication)
For further information	concerning this matter, please of	eall:	
Fabrizio Lengua		512 237-7349 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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)
Mailing Addr Registration		<u>Street Address:</u> Registration Se	ection
	Corporations	Division of Co	
P.O. Box 63		The Centre of	Γallahassee
Tallahassec.	. FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FED 19 PH 12: 57

Dash Vision LLC		
( <u>Name of the Limite</u>	d Liability Company as it now appears on our r A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number L20000202649	ability Company were filed on 2020-07-14	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address		nter the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	
	City	_, Florida

### 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
MGR	Shelby Hughes	413 SW Tarra Ave	■Add
		Port St. Lucie, FL 34953	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			DAdd
			□Remove
		<del></del>	Change
	<del></del> -		□Add
			□Remove
			□Change

# Page 2 of 3

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