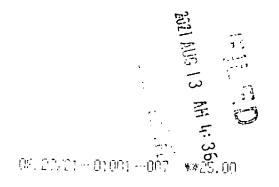
L20000225142

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Ud	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Collin D. Cold OKATIONS

AUG 20 2021 I ALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp			
CUD II CT	KTA	Visuals LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ı	. (1	
	Ja	Keen Ludle	
		Name of Person	
	ı	CTA Sicolo	
		Firm/Company	
			•
	XDC Cialu	RD 5+8 300-13	"]
		Name of Person KTA Visuals Firm/Company [Alc RD 5+8 750-187] Address Tallahasse, F1, 32 3 c 4 City/State and Zip Code TA Visuals of future annual report notification) ease call: at (305) Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
	T_{c_1}	116 hussex, F1, 32 =	, γ υ 4
	1.11	City/State and Zip Code	
	KTA	Vision a mail 1 com	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
1 1	<i>i</i> 1 1		2010
Jaker	n Wilk	at (305) (705)	Q - 5908
Name o	rerson	Alea Code Dayun	ie relephone (valuoci
		•	
Enclosed is a check for the	ne following amount:		
区 \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(,,	
Mailing Addres Registration S			ection
Division of C			
P.O. Box 632			
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A		
ARTICLES OF OR		E.
OF	IGH (IZATIO)	
		The state of the s
(Name of the Limited Liability Company (A Florida Limited Liability Company	as it now appears on our records.)	Barrio Santa
		•
The Articles of Organization for this Limited Liability Company well- Florida document number <u>L20000</u> 275142	ere filed on $\frac{3}{7}$ $\frac{7}{7}$ $\frac{7}{7}$ $\frac{7}{7}$ $\frac{7}{7}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		-
(Principal office address MUST BE A STREET ADDRESS)		<u>. </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
 -	Enter Florida street address	
	, Florida	
	City	Zin Coda

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jakeem Welch	800 Orala RD STE 300-189	
		Tollahusiee, Fl 30304	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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lo <u>te:</u> It	date, if other than the date of filing:	0207 d as
record i is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated _	August 20 , 2021.	
	Signature of a member or authorized representative of a member	
	Stanature of a member of authorized representance of a member	

•

Filing Fee: \$25.00