## 120000299652

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## **COVER LETTER**

TO:

TO: Registration Division of C							
	ZVOUS 3.6.5, LLC		<b>3</b> .	٠ ,	÷ ,		
SUBJECT:	Name of Lim	nited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
	Hutchinson S Joseph						
		Name of Person		_			
		Firm/Company	<del>_</del>	<del>_</del>			
	7208 W. SAND LAKE RO	DAD SUITE 305			SECRE TALI	2021 SEP -7	•
		Address			24	1 0	Pakers Chican
	ORLANDO, FL 32819				X		
	hutch.joseph@gmail.com	City/State and Zip Code to be used for future annual	sanort notifi	antion)	E STATE	PH 2: 14	
For further information	concerning this matter, please c		report nound	cation)			
Hutchinson S Joseph		321 663	2-0291				
Name	e of Person	Area Code	Daytime	Telephone N	umber	_	
Enclosed is a check for	the following amount:						
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc		Cer Cer	00 Filing F tificate of S tified Copy litional copy is	Status &	
Mailing Addi Registration Division of P.O. Box 6 Tallahassee	Section Corporations 327	Division The Cer 2415 N	ation Sect n of Corp ntre of Ta	orations Illahassee Street, Su	ite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENDEZVOUS 3.6.5, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>09/23/2020</u>	and assigned
Florida document number L20000299652		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Hits Metrix, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7208 W. SAND LAKE ROAD	AL SE
Principal office address MUST BE A STREET ADDRESS)	SUITE 305	25
	ORLANDO, FL 32819	553
		D)F ST
Enter new mailing address, if applicable:	7208 W. SAND LAKE ROAD	FA :
Mailing address MAY BE A POST OFFICE BOX)	SUITE 305	: (1): (4): (1): (1): (1): (1): (1): (1): (1): (1
	ORLANDO, FL 32819	
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office and the new registered office address here:	ORLANDO, FL 32819	e name of the new r
Name of New Registered Agent:		
New Registered Office Address:	·· -· -· -·	
	Enter Florida street address	
	, Flori	
	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>	Name	Address	Type of Action
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ffective date, if other than the d	k does not meet the applicable statute	ory filing requirements, this date will not be I	isted as
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