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01/08/2024

Da	ate: 01/08/2024
	Acc#120160000072
Name:	Purview Solutions LLC
Document #:	
Order #:	15301084 - 5
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	☐ ENTITY TRYING TO REMOVE ALL OFFICERS,
Certified Copy of	AS DOMESTIC LLCS ARE NOT REQUIRED TO LIST AUTHORIZED PERSONS
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Thank you!

COVER LETTER

TO:

	istration Se ision of Cor					
all brown	Purview So	lutions LLC				
SUBJECT:		Name of Lim	nited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Christina Giza				
			Name of Person			
		lee Miller LLP				
			Firm/Company			
		200 West Madison Street,	Suite 3500			
			Addiess		7-3 	
		Chicago, Illinois 60606		**	8-1:1:	
			City/State and Zip Code		<u>.</u>	
		Christina.Giza@icemiller.e		. SS:		1:;
			(to be used for future annual report notification)		PH 3: 25	
For further u	aformation c	oncerning this matter, please c	all:	- TE	25	
Christina Gi	za		312 705-6027			
	Name o	f Person	Area Code Daytime Telephone N	iumber	_	
Enclosed is a	n check for th	ne following amount:				
X \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Cer	0.00 Filing F rtificate of S rtified Copy ditional copy is	Status &	
Re	iling Addres gistration 5 vision of C		Street Address: Registration Section Division of Corporations			
), Box 632		The Centre of Tallahassee			
	lahassee, I		2415 N. Monroe Street, St	aite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Purview Solutions LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	/ were filed on <u>02/12/2</u>	2021	and assigned
Florida document number L21000074262			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			 3
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			-
			۵
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		ES FEE	က္ 💭
			-25
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our recor	ds, <u>enter the name</u>	of the new regi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	treet address	
	City	, Florida	Zip Code
Yew Registered Agent's Signature, if changing Registered Agent:	•		zaji Com

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

If Changing Registered Agent, Signature of New Registered Agent

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	Richard E. Stanley	1751 Bayview Dr	□Add
		New Smyrna Beach, Florida 32316	⊠Remove
			□Change
AMBR	Frank Capadona	8 Circle Creek Way	□Add
		Ormond Beach, Florida 32174	⊠ Remove
			□ Change
AMBR	Edu Stuivenber	16230 W. Course Dr.	□Add
		Tampa, Florida 33624	⊠ Remove
			□Add
			□ Remove
			□Change
			Add
			© P □ Ghánge O A D A D A D A D A D
			□Remove
			□ Change

		 		
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			FL	25
	.			
Tective date, if other than the d n effective date is listed, the date must b	ate of filing:		(optional)	
n effective date is listed, the date must bete: If the date inserted in this bloc	e specific and cannot be prior to day does not meet the applicable	ate of filing or more than 90 statutory filing requiren	days after filing.) Proceeds this date wi	arsuant to 605.020 If not be fisted a
cument's effective date on the Dep		, and the second		
cord specifies a delayed effective (is filed.	ate, but not an effective time,	at 12:01 a.m. on the earl	ier of: (b) The 9	0th day after the
is med.				
tedJanuary 8	2024			
	DocuSigned by:			
	gnature of a mc37CEOF84626E46			

Filing Fee: \$25.00