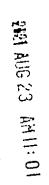
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COVER LETTER

Registration Section Division of Corporations

TO:

Vision Set SUBJECT:	LLC		
Sobsect.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Kyle Rettig		
		Name of Person	
	The Rettig Group		
		Firm/Company	
	2605 Enterprise Rd. East S	Suite 300	
		Address	
	Clearwater, Florida 33759		
		City/State and Zip Code	
	kyle.rettig@ampf.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please c	all:	
Joseph Kyle Rettig		727 726-7565 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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 Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vision Set LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number ____L21000349162 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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	Joseph Kyle Rettig	2605 Enterprise Rd. East Suite 300	□Add
		Clearwater, FL 33759	□Remove
			≅ Change
AMBR	Joseph Robert Rettig	2605 Enterprise Rd. East Suite 300	□Add
		Clearwater, FL 33759	□Remove
			■Change
			□Add
			Remove.
			🗆 Change
			□Remove
			□Add
			Remove
			□Change
			DAdd
			□Remove
			□Change

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Filing Fee: \$25.00