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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only

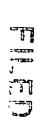


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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Power Circle. ViSuals Pro LtC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Maiik Alvanim Willingham Name of Person	11 <u>51</u>	
Power Circle VII wall Pro LLC Firm/Company	ALL SHASSES	APPROVI
1281 Bandriper Why River date, GA 30214 Address	78 10 10 10 10 10 10 10 10 10 10 10 10 10	
City/State and Zip Code		
E-mail address: (to be used for future admual report notification)		
For further information concerning this matter, please call:		
Matik Mahim Willingham at (803) U49 3431 Name of Person Area Code Daytime Telephone Number	_	
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐	Status &	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Circle VIS Wed (Name of the Limited Liabi (A Florid	J Pro LLC lity Company as it now appears on our red da Limited Liability Company)	cords.)						
The Articles of Organization for this Limited Liability Company were filed on 13122 and assigned Florida document number 12206000 9109								
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the lin	nited liability company here:	2022 360 1.11						
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "I	LLC" or the abbreviation "L. C."						
Enter new principal offices address, if applicable:		2 E						
(Principal office address MUST BE A STREET ADD	RESS)	PR 10						
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE BOX)								
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ter the name of the new registered						
Name of New Registered Agent:								
New Registered Office Address:	Enter Florida street add	dress						
		Florida						
	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 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>	<u>Name</u>	Address	Type of Action
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		Laurand, \$1 33811	Remove
			Change
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Filing Fee: \$25.00