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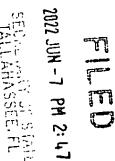
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SUBJEC	l:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
	·	Bess	ie J. BA+So	N
		Vision T	D FRUITION CO	nsulting LLC
		137 9	Spring wood	circle, Apt. C
			GWOOD FL City/State and Zip Code	
		BBA+ E-mail address: (SON 109091 to be used for future annual report notifi	maile Com
For furthe	r information c	oncerning this matter, please co	all:	
<u>P</u>	Name o	J. BATSON	at (HD7) 929 Area Code Daytime	B - 2191Z_ Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Tailing Addres Registration S		Street Address: Registration Sec	tion
Γ	Division of C LO. Box 632	orporations	Division of Corp The Centre of Ta	orations
	allahassee, I			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN - 7 PM 2: 47

(Name of the Limited Liability Company as it now appears on our records) (Inc. 17 17 S.F.).

(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 05/02/2022 and assigned Florida document number L22000206305 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 "L.L.C." 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Vision To Fruition Consulting LLC

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.

Enter Florida street address

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	Bessie J Batson	137 Springwood Cir Apt C. Longwood FL 32750	■Add
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