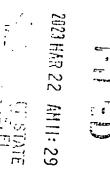
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COVER LETTER

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| TO: Registration Se Division of Cor | | | |
|---|---|---|--|
| SUBJECT: VISTA IM | IARK LLC | | |
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter t | to the following: | |
| | | Name of Person | |
| | | | |
| | GIANCARLO | ORLANDI SANTAMBROGIO Firm/Company | |
| | 391 : | SOFIA LN | |
| | | Address | |
| | LAK | E ALFRED, FL 33850 | 2023 HAR 22 |
| | | City/State and Zip Code | 22 |
| | | RENOENFLORIDA.COM | • |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report noti | fication) |
| Tor turder information | concenting and matter, produce of | | 29 11: |
| GIANCARLO ORLAN Name o | DI SANTAMBROGIO of Person | at () 407 632 631 Area Code Daytim | 2 e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| X \$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) |
| <u>Mailing Addre</u> Registration Division of G | Section Corporations | Street Address: Registration Se Division of Con | rporations |
| P.O. Box 63: Tallahassee, | | The Centre of T 2415 N. Monro | Callahassee e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VISTA IMARK LLC

| (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp | ppears on our records.) (any) | |
|---|--|-------------|
| The Articles of Organization for this Limited Liability Company were filed or | nand assigned | İ |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability compa | ny 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: | 203 | |
| (Principal office address MUST BE A STREET ADDRESS) | ht in the | ——# j |
| | N_ | : 27 th 27 |
| | - | |
| Enter new mailing address, if applicable: | | |
| amendment is submitted to amend the following: Tamending name, enter the new name of the limited liability company here: In many must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or new principal offices address, if applicable: Company Company | | |
| | mi v | |
| B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here: | our records, <u>enter the name of the new reg</u> | istered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | er Florida street address | |
| | , 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 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

| Title | Name | Address | Type of Action |
|-------|-------------------|-------------------------------------|--------------------------|
| MGR | GIANCARLO ORLANDI | 391 SOFIA LN, LAKE ALFRED, FL 33850 | X Add |
| | | | □Remove |
| | | | □Change |
| MGR | FRANCISCO ROSSI | 3901 SOUTH OCEAN DR, HOLLYWOOD, F | L X Add |
| | | | □Remove |
| | | | □Change |
| | | | 202dd Addin R 2200ve |
| | | | SCC AH CHARGE CONTROL 29 |
| | | | Remove |
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| | | | □Add |
| | | □Remove | |
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| | | | □Remove |

□Change

Your areas

| Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated MARCH 20th | | | | | | | |
|--|--|--|-----------------------|--------------------------------|------------------|-----------------------------|--------------|
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