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(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
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ALLAHASSEE, FLOR

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
	LECTRICAL VISION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	T'Moi T. DeWindt		
		Name of Person	
	YOUR ELECTRICAL VI	SION L.L.C	
		Firm/Company	
	4617 RIVERS LANDING	WAY	
	· · · · · · · · · · · · · · · · · · ·	Address	-
	TALLAHASSEE, FLORIDA, 32303		
		City/State and Zip Code	
	TMOIDEWINDT@YAHO		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
T'Moi T. DeWindt		850 2764183	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		/
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 63	∠ <i>1</i>	The Centre of 1	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR ELECTRICAL VISION LLC			- []	En
(Name of the Limited)	Liebility Company as it no Florida Lamed Labelly Co	s appears on our reco	serds)	
				Pil 1: 52
The Articles of Organization for this Limited Liab	ility Company were file	d on	(<u></u>	Fill I ₁ : 52 and assigned
Florida document number L23000168771			T	;iE
This amendment is submitted to amend the following	ing:			, ,
A. If amending name, enter the new name of th	e limited liability com	pany here:		
VERSIAL VISION L.L.C.				
The new same must be distinguishable and contain the word	- Limited Liability Compa	ry." the designation "L	LC or the abbres	iztion "L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A				
	.=	·		·
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	20			
		<u> </u>		
B. If amending the registered agent and/or regi	stered office address o	a our records, eat	er the name of	the new registers
agent and/or the new registered office address h	ere:			
Name of New Registered Agent:	·		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
	1	mer l'hornis street add	TESNS	
		ı	Florida	
-	City	· ·		l'in 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
			□Change
		🗆 Add	
		□Remove	
		□ Change	
		□Add	
		□Remove	
		□ Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□ Change

Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an el Note :	tive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u>(6/12/24</u>
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee