

To:

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2024-02-10 08:10:08 UTC+14

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From: ZenBusiness User

2-9-24, 1:06 PM

Division of Corporations

H24000056274.3

L23000389182
 Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.
 Account Number : I20230000190
 Phone : (844)449-3624
 Fax Number : (844)449-3624

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
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FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
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 2024 FEB - 9 PM 12:53
 SECRETARY OF STATE
 TALLAHASSEE FL

T. LEMIEUX
 FEB 12 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000056274 3

visualspark LLC

(Name of the Limited Liability Company as it now appears on our records,
A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/18/2023 and assigned Florida document number L23000389782

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:

304 E Pine St #1012

(Principal office address MUST BE A STREET ADDRESS)

Lakeland, FL 33801

Enter new mailing address, if applicable:

304 E Pine St #1012

(Mailing address MAY BE A POST OFFICE BOX)

Lakeland, FL 33801

2024 FEB -9 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FL

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Maria Cristina Mateo	304 E Pine St #1012	<input type="checkbox"/> Add
		Lakeland, FL 33801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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