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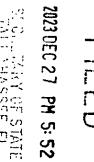
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COVER LETTER

	egistration Sec ivision of Corp				
SHD IFCT	Tungsten Vi	suals LLC			
SUBJECT	·		ted Liability Company		
The enclos	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspon	dence concerning this matter	to the following:		
		Julian Roth			
		***************************************	Name of Person		
			Firm/Company		
		1504 Skyline Dr			
		Kissimmee, FL 34744	Address		
			City/State and Zip Code		
		julianrothmff@gmail.com			<u>.</u>
For further	information co	E-mail address: (I	o be used for future annual repail:	port notification)	
Julian Rot			at () Arca Code	256	
	Name of	Person	Arca Code	Daytime Telepho	ne Number
Enclosed is	s a check for the	following amount:			
□ S25.00	Filing Fee	S30.00 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)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tungsten Visuals LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our recor ed Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on November 29, 20	2023 and assigned
lorida document number L23000531404		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
Fungsten Insurance LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2023
		E T
nter new mailing address, if applicable:		SSC - M
Mailing address MAY BE A POST OFFICE BOX)		m, ₹ □
		F 52
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>ente</u> s	r the name of the new regists
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	35
		lorida
	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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
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			Петоve
			□ Change

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Effective date, if	other than the date of	filing:		_ (optional)	405 030 7 4
Note: If the date	listed, the date must be specifinserted in this block does live date on the Departmen	not meet the applicable:			
	ifies a delayed effecti after the record is fi		effective time, at 1	2:01 a.m. on the ea	ırlier of:
Dated _ / 2 /	18	2022,			
		Rota			
	Styriature	of a member or authorized	representative of a membe	r	-
Julian	Roth				
		Typed or printed nar	ne of signee	· · · · · · · · · · · · · · · · · · ·	-

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