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COVER LETTER

TO: Registration Se Division of Cor		•	
cun u.c.t.	9		•
SUBJECT: 3	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
	· · · · · · · · · · · · · · · · · · ·	Address	
		City/State and Zip Code	
For further information of	E-mail address: (to be used for future annual report not	tification)
		at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$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)
Mailing Address Registration		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

No Check

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears of the Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comprocess of Organization for the Organization for this Limited Liability Comprocess of Organization for the Organizatio	pany were filed on Ap	ril 25, 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	<u>e</u> :
81 Frost	VISIONS LLC	
The new name must be distinguishable and contain the words "Limited		ignation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	2024 / UG
Enter new mailing address, if applicable:	N/A	26
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our rec	ords, enter the name of the new register
Name of New Registered Agent:	//A	
New Registered Office Address:	Enter Florid	a street address
	Ň/A	Florida
	City	, Florida 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 Ag	ent. Sionature d	of New Regist	ered 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 🗆 Add
			🗆 Remove
			□ Change
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			🗆 Add
			Remove
			□Change

		
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m effect ote: If	e date, if other than the date of filing: April 25, 2024 (optional) ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.	
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t l.	the
ted	Signature of a member or authorized representative of a member	
	Jack Charles Typed or printed name of signee	