

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Na	me)		
(Do	ocument Number)			
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R. Writt

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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: M-FACILITY DOCUMENT NUMBER: P11000108077			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Brock Okatar Name of Contact Person Forward Vision Investments LLC Firm/ Company 1462 E Michigan St. Address Orlando, FL 32806 City/ State and Zip Code Forward Vision 19@gmail.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Brock Okatar at (407) 757-0710			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301			

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Articles of Amendment to Articles of Incorporation of

15 AUG -3 AM 9: 46 CALLAHASSEE, FLORIDA

M-FACILITY		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P11000108077		
(D) where Committee ((Claracian)	

(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1467 E Michigan St Orlando, FL 32806
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1462 E. Michigan St. Orlando, FL 32806
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	Iress in Florida, enter the name of the
Name of New Registered Agent FOrWard 1462 E M (Florida s.	VISION INVESTMENTS LLC NICHIGAN St-
New Registered Office Address: Orlain	O Florida 32806 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			····
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti</u>	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable: 07/22/15	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date volument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
$Dated = \frac{7/22/2015}{2000}$	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
GUERAN AKPINAR	
(Typed or printed name of person signing)	· - · -
DIRECTOR/OWNER	
(Title of person signing)	