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COVER LETTER

TO: Amendment Section Division of Corporations

2018 JAN -5 AH PO CR

NAME OF CORPO	Daniel Reinecke V	isuals Inc.			
DOCUMENT NUM	P15000004288 BER:				
The enclosed Articles	of Amendment and fee are su	bnutted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Daniel Reinecke				
	Name of Contact Person				
	Firm/ Company 1515 Park Lake St.				
	Address Orlando, FL 32803				
		City/ State and Zip Code	C		
danie	elreinecke@outlook.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
Danieł Reinecke		321 at (355-8016		
			de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Daniel Reinecke Visuals Inc.	2018 JAN - 5 3H 13 De
(Name of Corporation as cur P15000004288	rently filed with the Florida Dept. of State)
	ber of Corporation (if known)
(Document Numb	ser of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation Alo Visuals Inc.	
	The new pration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office ad-	
Name of New Registered Agent	
(Flori	da street address)
New Registered Office Address:	, Florida
Contragueres office radical.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	
er int appearant in the registered agent. I am jumi	na min and accept the obaganosis of the position.

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	Y	Mike Jones	
\underline{X} Add	<u>sv</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			

,	l sheets, if necessar	y). (Be specifi	ic)				
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an amendme	it provides for an e	xchange, reclas	ssification, or o	cancellation	of issued share	<u>s.</u>	
provisions for	mplementing the a	mendment if n	ssification, or o	cancellation the amendr	of issued share nent itself:	<u>s,</u>	
provisions for	t provides for an e mplementing the a icable, indicate N/A	mendment if n	ssification, or o ot contained in	cancellation the amendr	of issued share nent itself:	<u>s,</u>	
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provisions for	mplementing the a	mendment if n	ssification, or ot contained in	cancellation the amendr	of issued share nent itself:	<u>S</u> ,	

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were acaction was not required.	dopted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
January 3	3, 2018	
DatedSignature	Day Day	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	rt
	Daniel Reinecke	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	 -