## 49000 201767

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## **COVER LETTER**

TO: Registration Se Division of Cor								
SUBJECT:		CUSTOMS LLC	<del></del>					
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.						
Please return all correspo	ondence concerning this matter	r to the following:						
	Alex	Candra Aldrich Name of Person						
		izion Designs LL	C					
		Softwind Tr. N.						
		Address  NVILL FL 32224  City/State and Zip Code	-					
	alexandra	City/State and Zip Code	Com					
For further information c	oncerning this matter, please c		neation)					
AJ-tx Name o	f Person	at (363) 916 -5074  Area Code Daytime Telephone Number						
Enclosed is a check for th	ne 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>5.00_e0se_1_e0s</u>	toms LLC!	FILED
(Name of the Limited Liability Compa (A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000207767</u>	Liability Company) , 2819	PECONOMICS POR SERVICE AND ASSIGNED PROPERTY OF THE PROPERTY O
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Envizion Designs LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13883 Soft	wind Tr. N
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville	wind Tr. N -, FL 32224
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
<u> </u>		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

	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00