## 1000003957

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	·
(C	ity/State/Zip/Phone	· *#)
PICK-UP	☐ WAIT	MAIL
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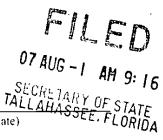
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Downtown Vision Alliance, Inc.		
DOCUMENT NUMBER: ND600000	1957	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Theresa Loni	, nec	
	ontact Person)	
Downtowin Visa (Firm/C	on, Inc.	
(Firm/ C	Company)	
214 N. Hogan	Street, Ste. 120	
(Add	dress)	
Ladesonville	TL 37702 and Zip Code)	
(City/ State a	and Zip Code)	
For further information concerning this matter, p	please call:	
Theresa Lorince	at ( 9w ) 634-0303 x 223 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$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



Davintown Vision Alliance, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

The date of adoption of the amendment(s) was:		
Effective date if applicable:	Same	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	was (were) adopted by the members and the number of votes caswas sufficient for approval.	
	ers or members entitled to vote on the amendment. The were) adopted by the board of directors.	
have not been se	or vice chairman of the board, president or other officer- if directors lected, by an incorporator- if in the hands of a receiver, trustee, or need fiduciary, by that fiduciary.)	
_ Ther	resa C Lorine E	
	CUTIVE DIRECTOR: (Title of person signing)	

FILING FEE: \$35