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T. CLINE

JAN 19 2010

**EXAMINER** 

# **COVER LETTER**

Division of Corporations	
SUBJECT: 2020 CUSTOM VISIONS LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Brian Brunette	
2020 Custom Visions Firm/Company	
1749 NE Miam: Ct Apt 210	
Miami FL. 33132 City/State and Zip Code	. For
E-mail address: (to be used for future annual report notification)	ZANG JAW 15 PAGLANIASS
For further information concerning this matter, please call:	
Brian Brunette at (3.5) 718-2517  Name of Person Area Code & Daytime Telephone Number	1000 100 100 100 100 100 100 100 100 10
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Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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

2020 Custom Visi	ions LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on iability Company)	our records.	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 06000059676</u> .	were filed on $6/$	12/2006	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company,"	the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	1749 NE	Miomi @	to Apt 210
(Principal office address MUST BE A STREET ADDRESS)	1749 NE Mierri F.L	. 33132	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1749 NE Mlan: F.L.	£ Miami . 33132	Apr 210
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address Type of Action** <u>Title</u> **Name** MGRM ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove Remove ∏Ađ**á**: Remove 5 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Jan 12, 2010 or authorized representative of a member Brian Brunette Typed or printed name of signee Page 2 of 2

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Filing Fee: \$25.00