

670000 82119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

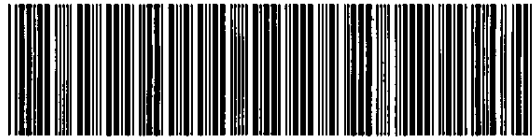
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FILED  
2009 MAY -4 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

MAY -5.2009

EXAMINER

**Patrick M. Burns, CPA, PA**

Accountants, Consultants, and Tax Professionals

April 29, 2009

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

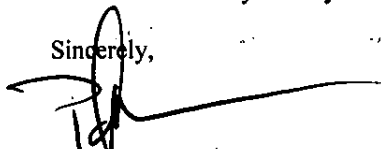
Re: **Color Inavision, LLC**  
**#L07000082119**

Dear Sir or Madam:

Please find enclosed the Articles of Amendment to Articles of Organization for Color Inavision, LLC along with our check in the amount of \$25.00 representing payment in full of the associated filing fee. Please process this request at your earliest convenience and send notification to the address of record.

If you have any questions or require additional information, please feel free to contact me directly at 407-228-4443. Thank you for your assistance with this matter!

Sincerely,



Patrick M Burns, CPA

Cc: Frank Hindman

FILED  
2009 MAY 11 PM 1:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Color Inavision, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maureen J Burns

(Name of Person)

Patrick M Burns, CPA, PA

(Firm/Company)

1918 Hillcrest Street

(Address)

Orlando, FL 32803

(City/State and Zip Code)

FILED  
2009 MAY -4 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Maureen J Burns

(Name of Person)

at ( 407 ) 228-4443

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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**

Color Inavision, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/10/2007 and assigned  
Florida document number L07000082119.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 Manager's 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Edward Thomas	418 Buckingham Circle Davenport, FL 33897	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated

4/29, 2009

Frank Hindman

Signature of a member or authorized representative of a member

Frank Hindman

Typed or printed name of signee

2009 MAY -4 PM 1:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED