## L08000071311

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SECRETARY OF STATE

T. HAMPTON

JAN 2 7 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT:	INVISION	PLASTICS, LLC				
SUBJECT:		ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		DJ Pearce				
		Name of Person				
		Firm/Company				
Post Office Box 470367						
		Address	<del></del>			
	C	elebration, FL 34747 City/State and Zip Code				
dj@cvfamilycorp.com  E-mail address: (to be used for future annual report notification)						
For further information	E-mail address: (to concerning this matter, please concerning this matter).		ition)			
			45.0500			
	DJ Pearce of Person	at ( 321 ) 9-	45-0592 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)			
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIED Registration Section Division of Corporat				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NVISION PLA	ASTICS, LLC			
( <u>Name of the Limite</u> (	<u>d Liability Compa</u> A Florida Limited I	ny as it now appears Liability Company)	on our records.		
The Articles of Organization for this Limited I Florida document number L0800007		were filed on	7/27/08	and assigned	đ
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
	EVOKE D	IO, LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company	," the designation "L	LC" or the abbre	viation
Enter new principal offices address, if appli	cable:	514 Longmead	ow Street	70	SEC SEC
(Principal office address MUST BE A STREET ADDRESS)		Celebration, FL	34747	A	2円
				26	TO 20
Enter new mailing address, if applicable:		Post Office Box	¢ 470367	PH	ORPOR
(Mailing address MAY BE A POST OFFICE BOX)		Celebration, FL			
B. If amending the registered agent and	/or registered of	ffice address on ou	r records, enter t	he name of the	Z5 e new
registered agent and/or the new registered of			, <u> </u>		
Name of New Registered Agent:	Christopher	J. Vitito	<del></del>		
New Registered Office Address:	514 Longm	eadow Street			
		Enter	r Florida street add	ress	
		Celebration	, Florida	34747	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	i \			
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg	proper and comp	olete performance of	my duties, and I a	ım familiar with	n and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 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

Type of Action Title Name 1 **Address** MGR Daniel Pearce Post Office Box 470367 ✓ Add Celebration, FL 34747 Remove ☐ Add Remove Add 🔲 Remove Add Remove \_\_\_Add \_ Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 2010 Dated \_\_ Signature of a member or authorized representative of a member Christopher J. Vitito Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00