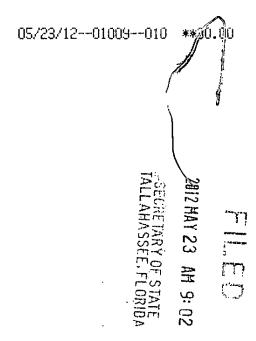
L08000108661





100234657341



J. SAULSBERRY EXAMINER

MAY 24 2012

COVER LETTER ...

TO:

Registration Section

| Divisio | on of Corporations | | | |
|------------------|--|---|--|--|
| SUBJECT: | Р | resige, Ilc | | |
| SUBJECT: | Name of Lin | Name of Limited Liability Company | | |
| The enclosed A | rticles of Amendment and fee(s) are su | bmitted for filing. | | |
| Please return al | correspondence concerning this matter | er to the following: | | |
| | | Camilo Elizalde | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| | 99 | 548 Verona Lakes Blvd | 2016 | |
| | | Address Rounton Booch | ZIIIZ HAY 23 ZIIIZ HAY 23 ZILAHASSI | |
| | | Boynton Beach City/State and Zip Code | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | invisi | ionbuildersllc@gmail.com | | |
| | | (to be used for future annual report notification) | AM 9: 02 OF STATE E. FLORIBA | |
| For further info | rmation concerning this matter, please | call: | OF N | |
| Camilo Elizalde | | at (561) 674-1451 | | |
| | Name of Person | Area Code & Daytime Telephone N | umoer | |
| Enclosed is a ch | neck for the following amount: | | | |
| \$25.00 Filin | g Fee \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) Cer | 00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed) | |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | SS: | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pr | resige, Ilc | | , | | |
|---|--|---|--------------|----------|----------|
| (<u>Name of the Limited Liability C</u> (A Florida Lir | Company as it now ap nited Liability Compai | pears on our records ny) | <u>i)</u> | _ | |
| The Articles of Organization for this Limited Liability Cor Florida document numberL08000108661 | mpany were filed on . | November 24, | 2008 an | d assign | ed |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limite | ed liability company | here: | | | |
| Invision | Builders, LLC | | | | |
| The new name must be distinguishable and end with the words "L.L.C." | s "Limited Liability Co | mpany," the designat | ion "LLC" or | the abbr | eviation |
| Enter new principal offices address, if applicable: | ···· | | | = | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | | TARY OF | 23 景 | |
| Enter new mailing address, if applicable: | | | STATE | 9: 02 | \ |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address: | | on our records, <u>en</u> Enter Florida stree | et address | | he new |
| | City | | | 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 **Type of Action Title Name Address** MGRM Patrice Gingras 1118 Mystic Way Add Wellington, FL 33414 Remove Add Remove Add Remove Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00