## L10000121888

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DIVISION OF CORPORATIONS

### **COVER LETTER**

TG: Registration S Division of Co	Section Corporations			
SUBJECT:	3D Visions, LLC			
	Name of Limited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.			
Please return all corresp	condence concerning this matter to the following:			
	Jacqueline Yafa			
	Name of Person			
	Chatsworth CA 91311			
	Firm/Company			
	7491 N Federal Hwy C5-290			
Address				
	Boca Raton, FL 33487			
	City/State and Zip Code			
	stephenmunson@gmail.com  E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please call:			
Name	of Person Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount:			
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Status S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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 DIVISION OF CORPORATIONS TO ARTICLES OF ORGANIZATION 11 JAN 10 AM 10: 29 OF

	3D Visions, LLC			
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears rida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liabil Florida document numberL1000012188		ovember 24, 2010 and assigned		
This amendment is submitted to amend the followir	ng:			
A. If amending name, <u>enter the new name of the</u>	e limited liability company here	2:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable	<u></u>			
(Principal office address MUST BE A STREET A	DDRESS)			
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u></u>			
B. If amending the registered agent and/or r registered agent and/or the new registered office		ur records, <u>enter the name of the new</u>		
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Nicholas Rigoni	23850 Via Italia Cir. #2005 Bonita Springs FL 34134	Add Remove
<u>MGRM</u>	Vincent Rigoni	23540 Via Veneto Blvd #1704 Bonita Springs Fl 34134	Add ☑ Remove
MGRM	Nick Stipanovich	10328 Farralone Avenue Chatsworth CA 91311	/ Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
	·		SECRETA DIVISION OF 11 JAN 1
Dated	December 30 20	010	FILED ARY OF STATE F CORPORATION IO AMID: 29
- -		er or authorized representative of amember  Jacqueline Yafa  Hor printed name of signee	<i>i</i> K

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Filing Fee: \$25.00