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2012 JUL -2 PM 1: 49
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

T. CLINE
JUL - 5 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor			·		
SUBJE	CT:	Custon	n Visions LLC		_	
		Name of Limi	ted Liability Company			
The end	closed Articles of Am	endment and fee(s) are sub	mitted for filing.			
Please	return all corresponde	ence concerning this matter	to the following:			
			Douglas Robbins			
			Name of Person			
Custom Visions LLC Firm/Company 5743 43rd Ct E						
	Address					
	Bradenton, FL 34203			2012 JUL SECRETA TALLAHA		
	City/State and Zip Code			2		
	_		utoVisions@gmail.co		2 JUL -2 CRETARY LAHASSE	**************************************
		E-mail address: (1	to be used for future annual rep	ort notification)	1:1-	n
For furt	her information conc	erning this matter, please o	all:		F. 3	
	Dougla	ıs Robbins	. 797 .	755-HIDS	PH 1: 49 E. FLORIBA	
	Name of Pe		at (727) Area Code &	Daytime Telephone Nun		
	ed is a check for the fo	ollowing amount: [\$30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy (additional copy is e	Certi: nclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclose	ed)
	MAILING Registratio	ADDRESS:	STREETA Registration	COURIER ADDRESS	Sc.	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

STRIKE I/COURTER ADDRESS
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Custo	m Visions LLC				
(Name of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)			
,					
The Articles of Organization for this Limited Liability Co	he Articles of Organization for this Limited Liability Company were filed on				
Florida document numberL12000041760					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limit</u>	ted liability company he	<u>re</u> :			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	any," the designation "L	LC" or the abbrevia	 ition	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)				
			SEC		
				ri	
Enter new mailing address, if applicable:			AR	Address:	
(Mailing address MAY BE A POST OFFICE BOX)				Dji es	
				The same of the sa	
			32 ÷		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter t	he name of the	<u>new</u>	
Name of New Registered Agent:	Douglas Robbins				
New Registered Office Address:	5743 4	3rd Ct E			
THE PARTICIPATION OF PA	Ei	nter Florida street add	lress		
	Bradenton	, Florida	34203		
	City		Zip Code	-	
No. Destate Annals Cimeters in the Section Designation	1 A mamés				

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, thereby 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

Title Name **Address Type of Action** MGRM **Douglas Robbins** 5629 Cedar Oak Blvd **✓** Add Sarasota FL 34233 Remove Whitney Lindsey MGRM 5743 43rd Ct E ☐ Add Bradenton, FL 34203 ✓ Remove MGRM **HID Auto Visions** 5743 43rd Ct E ☐ Add Bradenton, FL 34203. Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 27 2012 Dated _____ Signature of a member or authorized representative of a member **Douglas Robbins** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00