

L16 0000 87659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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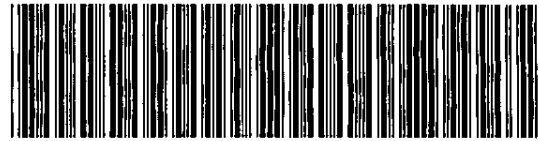
(Business Entity Name)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INNERVISION ENTERTAINMENT  
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:

JAMAR EDMONDS  
Name of Person  
INNERVISION ENT  
Firm/Company  
811 S IVEY LANE APT H  
Address  
ORLANDO FL 32811  
City/State and Zip Code  
INNERVISIONENT360@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JAMAR EDMOMDS at ( 813 ) 770-4133  
Name of Person 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



**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

MGR = Manager  
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>               | <u>Type of Action</u>   |
|--------------|---------------|------------------------------|---|
| MGR          | JAMAR EDMONDS | 811 S IVEY LN. ORLANDO FL 3: | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change   |
| AMBR         | JAMAR EDMONDS | 811 S IVEY LN. ORLANDO FL 3: | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |

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

Lined area for amending information, currently blank.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated AUGUST ,08 2016

*Jamar Edmonds*  
Signature of a member or authorized representative of a member

JAMAR EDMONDS

Typed or printed name of signee