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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	Your Vis	ion Creative S	iervices LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Carol Reed	
		at (321) 247-2655 Area Code Daytime Telephone Number Tiling Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
	your Vi		
	12	- Cove View Ct. Address	
	۸	_	202 31
	Locos	Beach, FL 32	<u> 131 - 28 8</u> ,
		City/State and Zip Code	
	Carol	.manning 310	omail. com o
			reation)
For further information co	oncerning this matter, please c	all:	
Carol	Reed	at (321) 247	- 2122
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee ✓ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u>	<u>s:</u>		
Registration S		_	
Division of C P.O. Box 632		•	2"
Tailahassee, I			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES C	OF ORGANIZATIO	\mathbf{N}	E .
	OF	د در است. در در است	
			The same
Vous Vision Cre	Ativa Services	الك أ	0 7
(Name of the Limited Liability (A Florida Lin	Company as it now appears on o	ur records.)	The second second
' (A Florida Li	mited Liability Company)	6 12 17	
The Articles of Organization for this Limited Liability Com	many were filed on	C. C.	Tand accumed
			Tri
Florida document number L 1700012797	- 1	(100	Space)
This amendment is submitted to amend the following:		//	Space) Creative + Services LLS
-		11 11:00	Creatives
A. If amending name, enter the new name of the limited	d liability company here:	your vision	OF CHELLING
The state of the s		Event.	Services LLS
The new name must be distinguishable and contain the words "Limited		tion "LLC" or the abbro	eviation "L.L.C."
E-ton now mindred offices address if applicables			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
intuiting address MAT DE ATOST OF THE BONY			
	 		
D. 15	···	la44b	-64b
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ince address on our record	is, enter the name o	or the new registered
agent and of the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet address	
		Florida	
	City	, Florida	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 605, 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 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>	Type of Action
		 	□ Add
			Remove
			Change
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(If an ef Note:	ive date, if other than the date of filing:
the record cord is fi	d 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 led.
Dated	(ale) Rlod
	Signature of a member or authorized representative of a member Carol Read
	A

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Filing Fee: \$25.00