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(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

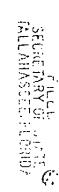
Office Use Only



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COVER LETTER

	istration Sec ision of Corp				
SÚBJECT:	Invision Acc	ounting & Finance, LLC			
Name of Limited Liability Company					
The enclosed	l Articles of A	Amendment and fee(s) are subt	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Terri S Hoenstine			
			Name of Person		
		Invision Accounting & Fin	ance, LLC		
			Firm/Company		
		1543 Meadowdale Drive			
			Address		
		Clearwater, FL 33764			
			City/State and Zip Code		
		ucfcpa@yahoo.com			
			to be used for future annual report notific	ration)	
For further i	nformation co	oncerning this matter, please ca	all:		
Тепі S Нос			407 928-9559 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
■ \$25.00 I	Filing Fec	□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Invision Accounting & Finance, LI		
(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	iability Company were filed on September 28, 2017	and assigned
Florida document number L17000201749	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	50
		7 0
		- 03 - 03 - 03 - 03
Enter new mailing address, if applicable:		<u> </u>
.	. nov	2 7
Mailing address MAY BE A POST OFFICE	<u>BUX)</u>	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address on our records, <u>en</u>	ter the name of the ne
egistered agent and/or the new registered to	mice address neve.	
Name of New Registered Agent:	Terri S Hoenstine	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City	Zin 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Terri S Hoenstine	1543 Meadowdale Drive, Clearwati	
			Remove
			☐ Change
MGRM	Terri S Hoenstine	1543 Meadowdale Drive, Clearwate	■ Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
.			
			☐ Remove
			Change
			Remove
			☐ Change
			Add
			🗆 Remove
			☐ Change

This is required per the bank, mys	self, Terri S Hoenstine.	needs to be the manage	er member, "MGRM"	
	<u>-</u>			
				17
				DEC
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ctive date, if other than the dat	e of filing:		(ontional)	
etive date, if other than the date effective date is listed, the date must be If the date inserted in this block	specific and cannot be prio	or to date of filing or more	than 90 days after filing.) Pu	irsuant to 605
ment's effective date on the Depar			quitements, and date wit	r not be not
ecord specifies a delayed ef ie 90th day after the record		ot an effective tim	e, at 12:01 a.m. on	the earli
ie sour dey dieer ine rooma				
·d		·		

Page 3 of 3

Filing Fee: \$25.00