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COVER LETTER

	Registration Se Division of Cor			
C13D 1C7		Presti, LLC	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following:	
SUBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase re	turn all correspo	ndence concerning this matter	to the following:	
		Theresa Lo Presti		
		Home Vision Enterprises,	Name of Person LLC	
		9911 Beasley Lane	Firm/Company	
		Thonotosassa, Florida 335	Address 92	
		tlopresti17@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co	atl:	
Theresa	Lo Presti		813 335-0025	
	Name of	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEU

Theresa Lo Presti, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 01/16/201	8 and against
	Company were med on	and assigned
Florida document number L18000013662	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
Home Vision Enterprises, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORFSS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istered office address on our	records, enter the name of the ne
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:	 	
	Enter Florida stree	et 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 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
			Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
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		-	□ Add
			□ Remove
			Change
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(If an eff Note:	ive date, if other fective date is listed, If the date inserte nent's effective date	the date must be sed in this block of	pecific and can loes not meet	the applica	able statuto	ing or more the	n 90 days after	onal) r filing.) Pursuan s date will not	t to 605.0207 (3 be listed as th
the rec) The	cord specifies a 90th day afte	a delayed eff r the record	ective date is filed.	e, but no	t an effec	tive time,	at 12:01 a	a.m. on the	earlier of:
	June 01		2	019					

Page 3 of 3

Filing Fee: \$25.00