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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Vizion Interio	ors, Inc	
DOCUMENT NUMBER: P050	00 14 8474	
The enclosed Articles of Amendment and fee an	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Garrett McMillan		
(Name o	of Contact Person)	
Vizion Interiors, Inc		
(Fin	m/ Company)	
PO Box 613		
•	(Address)	
Valrico, FL 33595		
(City/ St	ate and Zip Code)	
For further information concerning this matter,	please call:	
Garrett Mcmillan	at (813) 363-639	· · · · · · · · · · · · · · · · · · ·
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\sum \text{\$43.75 Filing Fee & Certificate of Status}\$	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcie

Articles of Amendment to **Articles of Incorporation**

	to
	Articles of Incorporation
	of A
Vizion Interio	Articles of Incorporation of rs, Inc (Name of corporation as currently filed with the Florida Dept. of State) (Document number of corporation (if known)
VIZIOTI ITIGITO	(Name of corporation as currently filed with the Florida Dept. of State)
	(Name of corporation as currently fixed with the Florida Dept. of State)
	(Document number of corporation (if known)
	visions of section 607.1006, Florida Statutes, this Florida Profit Corporation g amendment(s) to its Articles of Incorporation:
NEW CORPORA	TE NAME (if changing):
Must contain the word	"corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
	tion must contain the word "chartcred", "professional association," or the abbreviation "P.A.")
	ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
nd/of Afficie Tiffe	(s) being amended, added or deleted: (BE SPECIFIC)
Amending the C	Officers as follows:
President: Garre	tt McMillan, 3785 Mott Road, Dover, FL 33527
**	
	(Attach additional pages if necessary)
	(Finach additional pages it necessary)
	ovides for exchange, reclassification, or cancellation of issued shares, provisions e amendment if not contained in the amendment itself: (if not applicable, indicate N/A

(continued)

The date of each amendmen	t(s) adoption: 10-30-06
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The at must be separately provided for each voting group entitled to vote amendment(s):
"The number o	f votes cast for the amendment(s) was/were sufficient for approval by
<u> </u>	(voting group)
	was/were adopted by the board of directors without shareholder action was not required.
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
selec	director president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) (FARRETT MM: AM (Typed or printed name of person signing)
	President
	(Title of person signing)

FILING FEE: \$35