

PO7000134867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*Amend*

**FILED**  
11 NOV -3 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** U-VISION INC.

**DOCUMENT NUMBER:** P07000134867

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EYAL MENIN

Name of Contact Person

U-VISION INC.

Firm/ Company

8875 HIDDEN RIVER PKWY #300

Address

TAMPA, FL 33637

City/ State and Zip Code

EYAL@UVISIONINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EYAL MENIN

Name of Contact Person

at ( 813 ) 975-7250

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

U-VISION INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

907000134867

(Document Number of Corporation (if known))

FILED

11 NOV 3

PM 12:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>PRESIDENT</u>	<u>EYAL MENIN</u>	<u>8875 HIDDEN RIVER PKWY</u> <u>STE 300</u> <u>TAMPA, FL 33637</u>
2) <u>CEO</u>	<u>HAIM MENIN</u>	<u>8875 HIDDEN RIVER PKWY</u> <u>STE 300</u> <u>TAMPA, FL 33637</u>
3) <u>DIRECTOR</u> <u>TECHNICAL SERVICES</u>	<u>IDAN MENIN</u>	<u>8875 HIDDEN RIVER PKWY</u> <u>STE 300</u> <u>TAMPA, FL 33637</u>
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

**E. If amending or adding additional Articles, enter change(s) here**

(attach additional sheets, if necessary). (Be specific)

FROM THE COMPANY 1500 SHARES OF NO PAR  
COMMON VOTING STOCK:

EYAL MENIN OWNS 1200 SHARES

HAIM MENIN OWNS 150 SHARES

IDAN MENIN OWNS 150 SHARES

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: OCTOBER 31, 2011

Effective date if applicable: OCTOBER 31, 2011  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated OCTOBER 31, 2011

Signature [Signature]  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

EYAL MENIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)