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Amend

JUN 24 2019

I ALBRITTON

COVER LETTER

Div	vision of Corp	porations		
SUBJECT:	Envision Per	rgolas LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	n all correspor	ndence concerning this matter t	to the following:	
		Jay Martin		
			Name of Person	
		Envision Pergolas		
			Firm/Company	
		5614 Blue roan terrace		
			Address	
		parrish,fl 34219		
			City/State and Zip Code	
		jay@envisionpergola.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	dl:	
jay martin			603 809 8856	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
ड्र ं \$25.00 ।	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:

TO: Registration Section

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

Envision Pergolas 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 10/11/18 Florida document number L18000240790 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Ciry 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>	<u>Address</u>	Type of Action
MGR	Jay Martin	5614 Blue Roan Terrace Parrish, FL 34219	
			□ Remove
			☐ Change
MGR	Arthur Deangelis	4846 sun city center blvd #265 sun city center, fl 33573	□ Add
			■ Remove
			Change
			☐ Remove
			Change
			Remove
			Change
		<u> </u>	
			☐ Remove
			☐ Change
			Remove
			☐ Change

	,
	6/4/19
E. Effec	tive date, if other than the date of filing: (optional)
Note	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	6/4/2019
Date	1) Desit
	Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00