

LO9000116995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Called 4/16/15
Garry said OK to

Remove affidavit
up

also
same
owner as
p96-11471



900267504989

LO9-116995

03/25/15--01003--013 **60.00

NC & Amend

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 25 PM 2:11

FILED

APR 16 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vector-West Construction, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garry G. Crook

Name of Person

Vision Construction Ent., Inc.

Firm/Company

P. O. Box 9604

Address

Pensacola, FL 32513

City/State and Zip Code

garry@visionconstruction.com

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

For further information concerning this matter, please call:

Garry G. Crook

Name of Person

at (850) 232-5458

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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:
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



Construction Ent., Inc.

Designer • Builder • Developer

Certified General Contractor
State License CGC057117

Re: Vision Construction Ent, LLC

Dear Nanette,

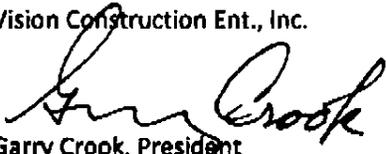
I am the Owner and President of Vision Construction Ent., Inc.

I give permission for the new LLC to be named Vision Construction Ent, LLC.

Thank you.

Sincerely,

Vision Construction Ent., Inc.


Garry Crook, President

RECEIVED
15 APR 16 AM 10:00
BUREAU OF COMMUNICATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Vector-West Construction, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/07/2009 and assigned

Florida document number L09000116995

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Vision Construction Ent., LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2860 W. Navy Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Suite 100

Pensacola, FL 32505

Enter new mailing address, if applicable:

P. O. Box 9604

(Mailing address MAY BE A POST OFFICE BOX)

Pensacola, FL 32513

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

_____, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Owens, Jason L	2860 W. Navy Blvd., Suite 100	<input type="checkbox"/> Add
		Pensacola, FL 32505	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

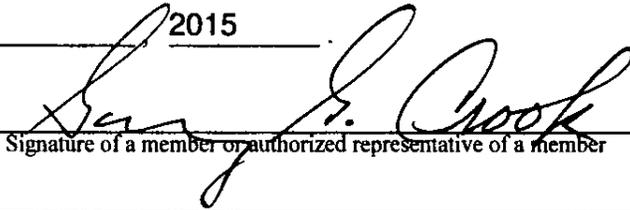
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 22 _____, 2015



Signature of a member or authorized representative of a member

Garry G. Crook

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA