

L11000022650 ✓

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

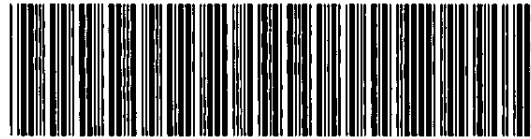
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400241395584

400241395584  
11/05/12--01010--023 \*\*100.00

FILED  
12 NOV - 6 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 8 2012

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ENVISION GLASS & ALUMINUM, 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:

LEO A. BERCHTOLD

*Name of Person*

ENVISION GLASS & ALUMINUM, LLC

*Name of Firm/Company*

729 DEAN WAY

*Address*

FORT MYERS, FL 33919

*City/State and Zip Code*

info@envisionglassllc.com

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

For further information concerning this matter, please call:

LEO A. BERCHTOLD

*Name of Person*

at ( 239 )

481-2929

*Area Code & Daytime Telephone Number*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 NOV -6 PM 12:36

FILED

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

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

**ENVISION GLASS & ALUMINUM, 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 10/1/2012 and assigned  
Florida document number L11000022650.

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 end with 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)**

1941 PARK MEADOWS DRIVE  
UNIT #2  
FORT MYERS, FL 33907

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

1941 PARK MEADOWS DRIVE  
UNIT #2  
FORT MYERS, FL 33907

**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:** RICHARD FRASER

**New Registered Office Address:** 1941 PARK MEADOWS DRIVE  
*Enter Florida street address*

FORT MYERS, Florida 33907  
*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 608, 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.*

*[Signature]*  
If Changing Registered Agent, **Signature of New Registered Agent**

**RICHARD FRASER**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	LEO A. BERCHTOLD	729 DEAN WAY FORT MYERS, FL 33908-33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RICHARD FRASER	1941 PARK MEADOWS DR # 2 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BLAKE FRASER	1941 PARK MEADOW DR # 2 FT MYERS FL. 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TIMOTHY DALE WARREN	1941 PARK MEADOW DR FT MYERS FL. 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 NOV -6 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated OCTOBER 1ST, 2012

*Leo A. Berchtold*  
Signature of a member or authorized representative of a member

LEO A. BERCHTOLD  
Typed or printed name of signee