L16000013759

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T. BURCH

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	porations		
	DISPLAY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JIM BUETTNER		
		Name of Person	
		Firm/Company	
	958 FIGWOOD LOOP	. ,	
		Address	
	THE VILLAGES, FLORII	DA 32163	
•		City/State and Zip Code	
	VANTAGEDOSPLAY@V		
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all;	
JIM BUETTNER		908 447 1866 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Turker die enkarte Const	6-11		
Enclosed is a check for th		- 4	,
□ \$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)
ДЛ АТТ Т	NG ADDRESS:	STREET/COURI)	ED ADDDESS
Registra	ation Section n of Corporations	Registration Section Division of Corpora	ı

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VANTAGE DISPLAY, INC.	4		
(Name of the Limited Liability (A Florida	y Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number L16000013759	ompany were filed on	JAN 20, 2016	and assigned
This amendment is submitted to amend the following:	;		
A. If amending name, enter the new name of the limit	ted liability company he	re:	•
VANTAGE DISPLAY, LLC.			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)	*.	
	,		*.*w
•	,	•	200
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	A		NASS TIL
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on ess here:	our records, ente	r the diame of the new
Name of New Registered Agent:			
- Indiano of the William Page 11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter Flor	idu street address 📑	•
	<u>.</u>	, Florida _	
·	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of ent as provided for in C	my duties, and I an hapter 605, F.S. O	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = N	/Ianager		
	Authorized Member		Towns of Astion
<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
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an effe lote: I	re date, if other than the date of ctive date is listed, the date must be specif if the date inserted in this block does nt's effective date on the Departmen	tic and cannot be prior to date of filing not meet the applicable statutory	(option gor more than 90 days after filling requirements, this c	iling.) Pursuant to 605	.0207 (3)(b) ed as the
	ord specifies a delayed effecti		ive time, at 12:01 a.	m. on the earlie	er of:
ine '	90th day after the record is fi	iled.			<i>t</i>
	FEBRUARY 13	2017	,		
ated_	~ 12			•	7
ated _	Att William				
ated _	H. H. Chelly in Signature	of a member or authorized represen	tative of a member		

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Filing Fee: \$25.00