

L 18000 278051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

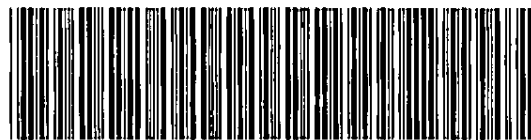
(Business Entity Name)

(Document Number)

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2019 MAR 25 P 3 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 04 2019

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISION INDUSTRIAL SUPPLY 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:

DONALD LINA

Name of Person

VISION INDUSTRIAL SUPPLY

Firm/Company

17694CROOKED OAK AVE

Address

BOCA RATON FL 33487

City/State and Zip Code

DONLINAJ@LIVE.COM

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

For further information concerning this matter, please call:

DONALD LINA

561 757 0398

at ()

Name of Person

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

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2019 MAR 25 P 2 18

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 3

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>	<u>Type of Action</u>
MGR	HUASCAR MENDOZA	17694 CROOKED OAK AVE	<input type="checkbox"/> Add
		BOCA RATON FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DONALD LINA	17694 CROOKED OAK AVE	<input checked="" type="checkbox"/> Add
		BOCA RATON 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 03/13/2019

~~Signature of a member or authorized representative of a member~~

DONALD LINA

Typed or printed name of signee