

L19000287890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

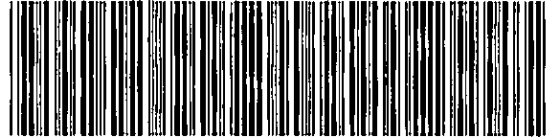
(Business Entity Name)

(Document Number)

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SECRETARY OF THE  
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OFFICE  
OCT 15 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: US Vinyl 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:

Christy Naumowicz

Name of Person

US Vinyl Supply, LLC

Firm/Company

530 Hillside Dr

Address

Auburndale, FL 33823

City/State and Zip Code

itsamomlife3@gmail.com

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

For further information concerning this matter, please call:

Heather Acton

Name of Person

at ( 863 ) 640-2839

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

US VINYL SUPPLY, 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 11/19/2019 and assigned Florida document number L19000287890.

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

HEATHER ACTON

130 SUGAR CREEK RD

WINTER HAVEN, FL 33880

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

HEATHER ACTON

130 SUGAR CREEK RD

WINTER HAVEN, FL 33880

**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*

*City*

Florida

*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 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>
<u>MGR</u>	<u>CHRISTINA P NAUMOWICZ</u>	<u>530 HILLSIDE DR</u>	<input type="checkbox"/> Add
		<u>AUBURNDALE, FL 33823</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>HEATHER ACTON</u>	<u>130 SUGAR CREEK RD</u>	<input checked="" type="checkbox"/> Add
		<u>WINTER HAVEN, FL 33880</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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2022 OCT 18 AM 11:14  
OFFICE OF THE  
TALLAHASSEE  
COUNTY  
CLERK

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2010 OCT 13 PM 1:11  
STOR 114701  
FALL 114701


2021 OCT 15 AM 11:14  
STOCK MARKET  
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**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.

Dated OCTOBER 5 2021

OCTOBER 5, 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**