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COVER LETTER

TO: Registration Se Division of Cor			
South FL V	inyl.LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Brittany Wilson		
		Name of Person	
		Firm/Company	
	5205 NW 50th Ter		
		Address	
	Tamarac, FL, 33319		
		City/State and Zip Code	
	SouthFLvinyl1@gmail.com	to be used for future annual report notificat	2020 Sec
For further information of	E-mail address: () concerning this matter, please co		LLY AUG
Brittany Wilson		772 323-5605	elephone Number 17 18
Name o	f Person	Area Code Daytime Te	Hephone Number (7) (5) (3)
Enclosed is a check for t	he 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)
<u>Mailing Addre</u>	ss:	Street Address:	an .

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South FL Vinyl, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000193406}{L20000193406}$.	were filed on 07/07/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7447 NW 57th St.	
(Principal office address MUST BE A STREET ADDRESS)	Tamarac, FL 33319	
		020 3€ U
Enter new mailing address, if applicable:	7447 NW 57th St.	DZO AUG 18
(Mailing address MAY BE A POST OFFICE BOX)	Tamarac, FL, 33319	8 P
(Muning address MAT BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	, 11
Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	i	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brittany Wilson	5205 NW 50th Ter.	□∧dd
		Tamarac, FL 33319	
			□Change
MGR	Duran Halladeen	5205 NW 50th Ter.	□Add
		Tamarac, FL 33319	□Remove
		EChange	■Change
			□Add
			Denove 20 AU
			ATT OF STATE
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			☐ Change
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			□Change

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		Signature of a member or authorized representative of a member	1,1,1		
Brittany Wilson					