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(Requestor's Name)
(Address)
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T. MATTHEWS FEB 18 2022

	-		COVER LETTER					
	Registration Sec Division of Corp							
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SUBJEC*		STRIES, LLC	· · · · · · · · · · · · · · · · · · ·					
		Name of Lim	ited Liability Company					
The enclo	sed Articles of a	Amendment and fcc(s) are sub	mitted for filing.					
Please ret	urn all correspon	ndence concerning this matter	to the following:					
		MICHAEL W. LANIER						
		Name of Person						
		VIM INDUSTRIES, LLC						
		Firm/Company						
		4846 CARDINAL BLVD						
		Address						
		JACKSONVILLE, FL 32210						
		City/State and Zip Code						
		MIKE@VIMINDUSTRIES.COM E-mail address: (to be used for future annual report notification)						
T 6 4	- :- C			incation)				
ror rurtne	r miormation co	oncerning this matter, please ca	111:					
MICHAE	L W. LANIER		904 568-1750 at ()					
	Name of	f Person		ne Telephone Number				
Enclosed	is a check for th	ne following amount:						
≘ \$25.0	0 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	_	Street Address:	aatia.				
	Registration S Division of C		Registration Se Division of Co					
	P.O. Box 632		The Centre of	-				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIM INDUSTRIES, LLC	22 FFP - 7 PH 3: 13
(<u>Name of the Limited Liability Cor</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 9/20/21 and assigned
Florida document number L21000415097	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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	2
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. It amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	<u>Address</u>	Type of Action
MGR	JOSEPH LAZZARI	858 CASSAT AVE	= Add
		JACKSONVILLE, FL 32205	□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove
			□Change

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an effe Note:	ve date, if other than the date of filing:
record	I 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
ated_	Signature of a member or authorized representative of a member
	///- c:
	Signature of a member or authorized representative of a member