

L21 000415097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

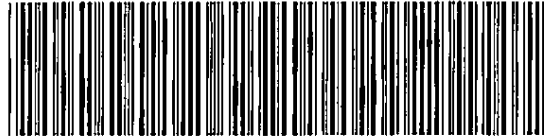
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2024 FEB 13 PM 12:19

2/24/2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VIM Industries 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:

Brenda Lazzari

Name of Person

VIM Industries, LLC

Firm/Company

864 CASSAT AVE

Address

JACKSONVILLE, FL 32205

City/State and Zip Code

BRENDA@VIMINDUSTRIES.COM

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

For further information concerning this matter, please call:

Brenda Lazzari

703

9560736

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 Address:**

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

2024 FEB 13 PM 12:19

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**


**AMBR = Authorized Member**

[illegible]

[illegible]

(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)

25/2024



Signature of a member or authorized representative of a member

Brenda Lazzari

**Filing Fee: \$25.00**