## L 21000415097

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## **COVER LETTER**

	gistration Se vision of Cor			
,	VIM Indust			
SUBJECT:	**= * * *	Name of Lim	ited Liability Company	<del></del>
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n ali correspo	ondence concerning this matter	to the following:	
		Brenda Lazzari		
		<del></del>	Name of Person	<del></del>
		VIM Industries, LLC		
			Firm/Company	******
		864 CASSAT AVE		
			Address	
		JACKSONVILLE, FL 322	205	
			City/State and Zip Code	
		BRENDA@VIMINDUSTF	RIES.COM to be used for future annual report no	asi E anational
For further i	information c	oncerning this matter, please co	·	ouncation
Brenda Laz	zari		703 9560736	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	ailing Addres		<u>Street Address:</u> Registration S	Section
Division of Corporations		Division of C	Division of Corporations	
	O. Box 632 Illahassee, l		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 FED 13 PH 12: 19

VIM INDUSTRIES, LUC		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our r ability Company)	ecords.)
The Articles of Organization for this Limited Liability Company v Florida document number L21000415097		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street a	ddress
		. Florida
	Cuv	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change	erformance of my dutie ovided for in Chapter 6 ddress, I hereby confiri	s, and I am familiar with and 605, F.S. Or, if this document is n that the limited liability

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>	Address	Type of Action
AMBR	Michael W. Lanier	864 CASSAT AVE.	🖂 Add
		JACKSONVILLE FL 32205	
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
<del></del> -	·	<del></del>	DAdd
			□Remove
		□Change	
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			□Remove
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		<del></del>	□Add
			Remove
			[]Change

•	
(If an e <u>Note</u>	tive date, if other than the date of filing:  O1/01/2024  (optional)  (fective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the record is f	rd 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 iled.
Dated	man mil
	Signature of a member or authorized representative of a member
	Brenda Hazzari
	Typed or printed name of signee

Filing Fee: \$25.00