

# L22000331518

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

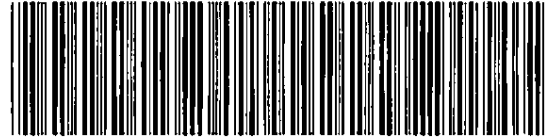
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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000413914000

08/15/23--01013--005 \*\*25.00

FILED

2023 AUG 15 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

Please find attached an amendment request to change the address for VMG Mechanical, LLC, as well as, the addition of two authorized persons to manage and one person to remove.

Please feel free to contact me at the below contact information.

Gina Turnage

Administrative Assistant

Main: 407-614-4012

Cell: 407-687-6811

515 Cooper Commerce Dr., Suite 140

Apopka, Florida 32703

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VMG Mechanical, 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:

Gina Turnage  
Name of Person

VMG Mechanical, LLC  
Firm/Company

515 Cooper Commerce Dr. Ste 140  
Address

Apopka, FL 32703-6222  
City/State and Zip Code

gturnage@vmgmechanical.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Turnage at (407) 614-4012  
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

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

Vmg Mechanical, 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 7/27/2022 and assigned Florida document number L22000331518

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

515 Cooper Commerce Dr.  
Suite 140  
Apopka, FL 32703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

515 Cooper Commerce Dr.  
Suite 140  
Apopka, FL 32703

**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:

515 Cooper Commerce Dr. Suite 140  
Enter Florida street address  
Apopka, Florida 32703  
City 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>
President MGR	Larry Turnage	515 Cooper Commerce Dr.	<input checked="" type="checkbox"/> Add
		Suite 140	<input type="checkbox"/> Remove
		Apopka, FL 32703	<input type="checkbox"/> Change
Office Manager/ admin assistant MGR	Gina Turnage	515 Cooper Commerce Dr.	<input checked="" type="checkbox"/> Add
		Suite 140	<input type="checkbox"/> Remove
		Apopka, FL 32703	<input type="checkbox"/> Change
VP	William A. Taylor	1317 Spring Lake Terrace	<input type="checkbox"/> Add
		Ocoee, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

If the record 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 record is filed.

Dated

August 7, 2023

Signature of a member or authorized representative of a mo

Signature of a member or authorized representative of a member

Gina Turnage  
Typed or printed name

Typed or printed name of signee

**Filing Fee: \$25.00**