L24000330679

(Requestor's Name)
(Address)
(Address)
,
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COVER LETTER

TO: Registration Se Division of Cor	ection porations			
	JUMINUM AND GLASS SPE			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DAVID ENGLARD			
		Name of Person		
		Firm Company		
	2747 GRIFFIN RD			
Address Address				
	HOLLYWOOD, FL 33312	•		207 S.
	MERKAZALUMINIUM@	City/State and Zip Code GMAIL.COM		2024 HOV 26 PH 4: 30 SECRETARY OF STATE TAIL LAHASSEE, FL
	E-mail address: (to be used for future annual report notif	ication)	V 26 P
	oncerning this matter, please c			ASSOCIATION PRINCIPLE
DAVID ENGLARD		561 506-7252		EE. F.
Name o	f Person	at () Area Code Daytime	: Telephone Number	- PATE 30
Enclosed is a check for the	he following amount:			
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy i	Status & y

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

VISION ALUMINUM AND GLASS SPECIALISTS 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 and assigned L24000330679 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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:

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.

Enter Florida street address

. Florida

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	Address	Type of Action	
AMBR	DAVID ENGLARD	2747 GRIFFIN RD. HOLLYWOOD, FL 33312	□Add	
			■Remove	
		 	□Change	
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			□Change	

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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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•	<u>S</u>	20	
•	DRI DRI	2024 NOV 26	
•	09/05/2024 H C)V 26	-
E. Effect	tive date, if other than the date of filing: (optional)	~0	
Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	rd a sti he	\
docun	nent's effective date on the Department of State's records.	30	
If the recore	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	the	
	. 09/05/2024		
Dated	h		
	Signature of a member or authorized representative of a member		
	DAVID ENGLARD		
	Typed or printed name of stenee		

Filing Fee: \$25.00