Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000101541 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : 120070000037 Phone : (954)752-4553 Fax Number : (954)752-4522

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VINTAGE SERVICES, LLC

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Certificate of Status Certified Copy Page Count 05 Estimated Charge \$30.00

MAY - 9 2013 A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help



May 7, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

VINTAGE SERVICES, LLC 7777 GLADES RD STE 100- S10 BOCA RATON, FL 33434US

SUBJECT: VINTAGE SERVICES, LLC

REF: L12000038296

2013 MAY -8 MB 8: 58

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II FAX Aud. #: H13000101541 Letter Number: 613A00011146

RECEIVED 13 MAY -8 AM 10: 44 Sechetany of state Tallahassee, floridy

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COVER LETTER

TO:

Registration Section Division of Corporations

SURIECT

VINTAGE SERVICES, 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:

Ricardo Custodio

Name of Person

Eagle Tax Representation, Corp

Firm/Company

4641 N State Rd 7 - Ste 18

Address

Coconut Creek, FL - 33073

City/State and Zip Code

paulo@eagle-tax.com

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

For further information concerning this matter, please call:

Paulo Oliveira, EA

,,954,**752-4553**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

■\$30.00 Filing Fce & 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L12000038296		and assigned	
The Articles of Organization for this Limited Liability Company we Florida document number L12000038296 This amendment is submitted to amend the following:	ere filed on 03-19-2012	and assigned	
Florida document number L12000038296		_ •	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:	·	
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "	"LLC" or the abbrevia	_ tio
"L.L.C."		₩ <u>.</u> .	
Enter new principal offices address, if applicable:	7777 Glades Rd - Ste 100 - 8	S1 <u>6 %</u> ⊇	_
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL - 33434	ARC X	-
_		AS.	
		9 F	-
Enter new mailing address, if applicable:	7777 Glades Rd - Ste 100 - S	S10 3 1	T
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL - 33434	\simeq \simeq	فرر
-		Dir. 25	_
B. If amending the registered agent and/or registered office	e address on our records, enter	the name of the n	1C7
registered agent and/or the new registered office address here:	, 		
Name of New Registered Agent:			_
New Registered Office Address:	•		
	Enter Florida street ad	ldress	-
	, Florida _		
, (Tity	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	vpe of Action
MGRM	Marcelo Calazans Dos Santos Transportes Me	Rua Francisco de Paula Brito, 398	Add
		Sao Paulo, SP - 04071-050	Remove
,		Brazil	
			Add
			Remove
			Kemove
		, Die	· (
		A P	A Add
		SAY CE	Remove
		FLORIÐ.	
		一	Yqq S
			Remove
			Add
			Remove
			Add
			Remove

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

Marcelo Calazans dos Santos Transportes Me is a Member and own 51% of the units issued by the LLC.

Ricardo Custodio is a Member and own 49% of the units issued by the LLC.

Dated May 5

Signature of a member for authorited representative of a member Ricardo Custodio

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 MAY -8 MM 8: 54
SECRETARY OF STATE
TALLAHASSEE, FLORETE