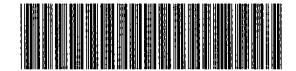
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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
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DEC 1 2 2013

T. BROWN

## **COVER LETTER**

	Registration Section Section of Corporation of Corp			
SUBJEC	<b>T</b> :		VINTAGE, LLC	
		Name of Limite	ed Liability Company	
		nendment and fee(s) are sub-	•	
		-	-	
		GABE	IECE BOAHA	
			Name of Person	
		SIS	VINTAGE, UC	
			Firm/Company	
		/300	PENNSYLVANIA AU	E,#399
		* 4 T * 1. L		
		MIMI	BEAU, FL - 33	139
			City/State and Zip Code	
	-	E-mail address: (to	be used for future annual report notifica	ation)
For further	r information cond	cerning this matter, please ca	dl:	
	ANDREA		at ( <del>786</del> ) 451 - 8	693
	Name of Pe	erson	Area Code & Daytime T	Telephone Number
Enclosed	is a check for the	following amount:		
\$25.00	0 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

	13 DEC- OF ED
	TALECRE OF AMILE 10
<u>;</u> )	TALLAHASSEE OF STATE

		S VINTAGE	uc.	7455E OKST.
	(Name of the Limited Liability (A Florida L	Company as it now ar imited Liability Compa	opears on our records.	ORIO CORIO
The Artic	les of Organization for this Limited Liability Co	ompany were filed on	10/01/13	and assigned
Florida de	ocument number <u>L 13000 138191</u>	<b></b> •		
This ame	hdment is submitted to amend the following:			
A. If am	ending name, <u>enter the new name of the limit</u>	ed liability company	<u>here</u> :	
The new r	ame must be distinguishable and end with the word	s "Limited Liability Co	ompany," the designation	n "LLC" or the abbreviation
Enter ne	w principal offices address, if applicable:			
(Principa	l office address MUST BE A STREET ADDR	ESS)		
		<del></del>		<u> </u>
Enter ne	w mailing address, if applicable:			
(Mailing	address MAY BE A POST OFFICE BOX)			
	nending the registered agent and/or registed agent and/or the new registered office addr		on our records, <u>ent</u>	er the name of the new
	Name of New Registered Agent:			
	New Registered Office Address:			
			Enter Florida street	address
			, Florida	
		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 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

or Managing Member being added or removed from our records: MGR = Manager MGRM + Managing Member **Title Address** Name **Type of Action** /300 PENNSYLVANIA ALE, #398 MATTED SOLDATINI MGR MIAMI BEACH, FL - 33139 Remove GABRIECE BRAHA MGR 1300 PENNSYLVANIA ALE \$308 BEACH, FL - 33139 MIAMI Remove

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated _	11/25/13 MIAMI BEACH
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00