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TALL ALLASSEE FLORIDA

T. CLINE

SEP - 1 2009

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Richard PETWCCEUI
Watraje LEASING, UC Firm/Company
115 E. 4th QUENUE, Suite 2004
Mant Doug FL 33757 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rehad Potrucceul at 352 003-9433 CTF Area Code & Daytime Telephone Number To STA TO THE TELEPHONE Number To STA TO THE TELEPHONE NUMBER TO THE TELEPHO
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} Certified Copy (addit

### 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

Vintrae	EASING L	IC		
(Name of the Limited Liabili (A Florida	ty Company as it now appear a Limited Liability Company)	rs on our records.)		
•			in and i	accionad
The Articles of Organization for this Limited Liability	Company were filed on	24 21,00	<u>J</u> anu a	issigned
Florida document number 100000550	e04			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation	'LLC" or th	ne abbreviati
Enter new principal offices address, if applicable:	·	·		
(Principal office address MUST BE A STREET ADL	DRESS)		型公司	7
,			三国 5	s
			300	5
Entan new mailing address if annicables	•	•	SSA	2
Enter new mailing address, if applicable:	<u></u>	<u> </u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
	·		<u> </u>	<u></u>
			COLUMN !	<b>-</b>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter</u>	the name	e of the no
•		•		•
Name of New Registered Agent:			·	· ·
New Registered Office Address:				
	Er	nter Florida street ad	ldress	
<u> </u>		, Florida _		
	City		Zip C	ode

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Aanaging Member			
Title	<u>Name</u>		Address	Type of Action
WES	William	2 Petruccelli	405 Socrafies la	Add Remove
MOL	Kalhen	posentos on	14 DOUBLE 201 1	Add Remove
Mol	Rehard	4 Petruxedli	405 SACSPLAPS (AN	Add Remove
				Add Remove
·		· · · · · · · · · · · · · · · · · · ·		Add ⇒ co Remove
				Add Action
D. If amen	ding any other info	rmation, enter change(s	) here: (Attach additional sheets, if necesso	
_				
Dated	lle	RAL		
	William	Signature of a member or R. R. Horra C. Typed or	authorized representative of a member  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00