

LD7000119945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

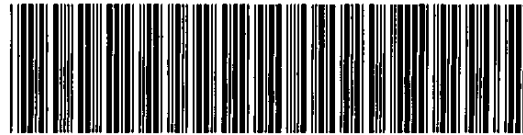
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Oulligan FEB 12 2008

# ActiveFilings

Business Formation Services  
1031 S. Park Rd. Suite 102,  
Hollywood, FL 33021  
Phone/Fax: 1-800-609-2521

## Transmittal Letter

Type of Request:

☐ Expedited ☐ Normal

Date: Feb 6, 2007

Department of State  
Division of Corporations,  
P.O. Box 6327  
Tallahassee, 32314, FL

Subject:

**Vintage Country Hills, LLC**

### SUBMITTERS INFORMATION

Account #

Contact Person: Robert Neuberger  
Phone / Fax number : 1-800-609-2521 x703  
Email address: Operations@activefilings.com

### DOCUMENT FILING REQUEST INFORMATION

Company Name: Vintage Country Hills, LLC  
File Number: L07000119945  
Type of Filing: Articles of Amendment  
Reservation #

### PAYMENT INFORMATION

Amount to pay: \$25.00  
Payment method : ☐ Credit Card ☒ Check

### FILING INSTRUCTIONS / COMMENTS

Encl.: Articles of Amendment

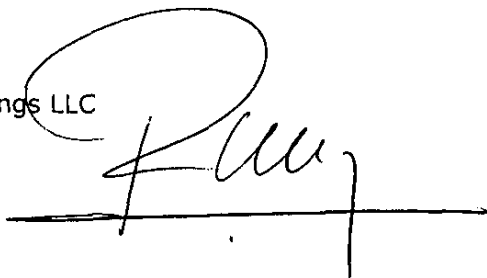
### METHOD OF RETURN

- ☐ Messenger / Pick up  
☐ Courier service: FedEx / DHL / UPS  
☒ Regular Mail (please use the pre-addressed envelope)

Account Nbr:

Sincerely,

Active Filings LLC



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Vintage Country Hills, 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:

Roberto Neuberger

(Name of Person)

Active Filings LLC

(Firm/Company)

1031 S Park Rd Suite 102

(Address)

Hollywood, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

Roberto Neuberger

(Name of Person)

at ( 800 ) 609-2521

(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/COURIER ADDRESS:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
08 FEB 11 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Vintage Country Hills, 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 December 3rd, 2007 and assigned Florida document number L07000119945.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:

(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)

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

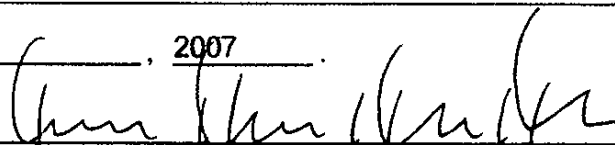
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jose Bettencourt Da Camara	Rua Alvaro Benamor Nr. 8 - 4 D, Lisbon, Lisboa 1600-894, PORTUGAL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 31st

2007



Signature of a member or authorized representative of a member

Ricardo Pedro Mimoso Porto

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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