

LUFO000 36754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

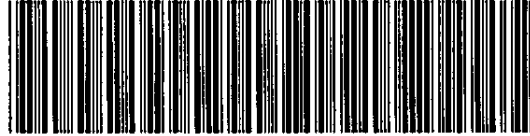
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 APR 28 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 03 2016

J SHIVERS

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2016

VALENTINA AMMOND
341 PIN OAK LOOP
SANTA ROSA BEACH, FL 32459

SUBJECT: VIN VIN, LLC
Ref. Number: L08000036754

We have received your document for VIN VIN, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 516A00008480

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Vin Vin LLC

DOCUMENT NUMBER: L08000036754

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valentina Ammond

Name of Contact Person

Vin Vin LLC

Firm/ Company

341 Pin Oak Loop

Address

Santa Rosa Beach Fl. 32459

City/ State and Zip Code

vanya30@yahoo.com

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

For further information concerning this matter, please call:

Thomas Ammond

at (850) 376-9932

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Vin Vin 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 11/02/2011 and assigned
Florida document number L08000036754.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

341 Pin Oak Loop

Santa Rosa Beach, FL. 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

Thomas Ammond

New Registered Office Address:

341 Pin Oak Loop

Enter Florida street address

Santa Rosa Beach

Florida 32459

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 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.



If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PT	Thomas Ammond	20 Bay dr SE	<input type="checkbox"/> Add
		Ft Walton Beach FL 32548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas Ammond	20 Bay dr SE	<input type="checkbox"/> Add
		Ft Walton Beach FL 32548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PT	Valentina Ammond	341 Pin Oak Loop	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Valentina Ammond	341 Pin Oak Loop	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
V		341 Pin Oak Loop	<input type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 APR 28 AM 7:50
SECRETARY OF STATE
WALLINGFORD LONDON


16 APR 28 AM 7:50
SECRETARY OF STATE
WASHINGTON D.C.
LONDON

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

ril 4, 2016



Signature of a member or authorized representative of a member

Typed or printed name of signee