

L08000076917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

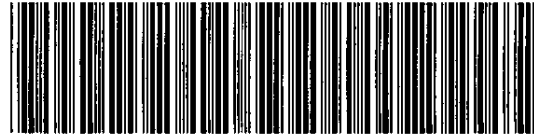
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CG. 10-1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VANTAGE ADVISORS, 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:

MICHAEL LAPAT
(Name of Person)

LAW OFFICES OF MICHAEL LAPAT
(Firm/Company)

3300 UNIVERSITY DRIVE, SUITE 311
(Address)

CORAL SPRINGS FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIE HANCOCK at (**954**) **345-6442**
(Name of Person) (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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VANTAGE ADVISORS, 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 08-11-2008 and assigned
Florida document number L08000076917.

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)

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>WARRICK C. NORMAN</u>	<u>823 N.E. 5th Street, #6</u>	<input type="checkbox"/> Add
		<u>Hallendale FL 33056</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>TIMOTHY C. MINGO</u>	<u>823 N.E. 5th Street, #6</u>	<input type="checkbox"/> Add
		<u>Hallendale FL 33056</u>	<input checked="" type="checkbox"/> Remove
		<u>MGR</u>	
<u>MGR</u>	<u>WARRICK C. NORMAN</u>	<u>20900 N.E. 30th Ave., 8th Fl. Suite 12</u>	<input checked="" type="checkbox"/> Add
		<u>Aventura FL 33180</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>TIMOTHY C. MINGO</u>	<u>20900 N.E. 30th Ave., 8th Fl. Suite 12</u>	<input checked="" type="checkbox"/> Add
		<u>Aventura FL 33180</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Principal and Mailing address changed to:

20900 N.E. 30th Ave., 8th Fl. Suite 12

Aventura FL 33180

Dated 9/21/08, 2008

Signature of a member or authorized representative of a member

WARRICK C. NORMAN, MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00

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JACK HARRIS, CLERK
TALLAHASSEE, FLORIDA