L09000083803

(R	equestor's Name)					
(A	ddress)					
(A	ddress)					
(C	ity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(В	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					

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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER !-ETTER

TO: Registration Section Division of Corporation (Corporation)			
SUBJECT:	VANTAGE	GRAPHICS, LLC	
-		ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		JOSHUA SANCHEZ Name of Person	·····
	VANTAGE GR	APHICS & PHOTOGE Firm/Company	RAPHY, LLC
	83	361 TRENT CT APT C Address	
	ВС	OCA RATON, FL 33433 City/State and Zip Code	3
	jos E-mail address: (shchez01@gmail.com to be used for future annual repo	rt notification)
For further information con-	cerning this matter, please o	call:	
JOSHU Name of Po	A SANCHEZ erson	at (_ 561) Area Code & I	306-0491 Daytime Telephone Number
Enclosed is a check for the t	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2011

JOSHUA SANCHEZ 8361 TRENT CT, APT. C BOCA RATON, FL 33433

SUBJECT: VANTAGE GRAPHICS, LLC

Ref. Number: L09000083803

We have received your document for VANTAGE GRAPHICS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the amendment needs to be completed (if necessary) and signed by a manager or managing member of the LLC.

Please return 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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 611A00025709

ARTICLES OF MENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability ((A Florida Li	Company as it now apper mited Liability Company	ars on our records.)
(/. Florida Di	Diacini, Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on	AUG 31, 2009 and assigned
Florida document numberL0900083803		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company he	ere:
VANTAGE GRAPHIC		
The new name must be distinguishable and end with the word L.L.C."	s "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
		· · · · · · · · · · · · · · · · · · ·
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
B. If amending the registered agent and/or registe	rad affica address an	our records enter the name of the new
egistered agent and/or the new registered office addre		our records, enter 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 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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Domaus
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	essary.)
 Dated	11-21-11		TECH 11 NO
izateu	Signature of a member of Signature of a member of Signature of a member of Signature of Signatur	SANCHEZ)	FILED 11 NOV 29 PM & SECRETARY OF STA
	Туре	d or printed name of signee Page 2 of 2	ATE ATE

Filing Fee: \$25.00