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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
. (Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A. LUNT FEB -1 2010						
EXAMINER						

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:

TO:	Registration S Division of Co						
SUBJE	cct.	VINTAGE INSTALLATION LLC					
SOBJE			ted Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			ALEX D FERN				
			Name of Person				
VINT			AGE INSTALLATION LL	<u> </u>			
			Firm/Company				
•			2885 SW 69 CT.				
•	-						
MIAMI, FL, 33155 City/State and Zip Code							
						AFERN@VINTAGEWINDOWS.US E-mail address: (to be used for future annual report notification)	
For fur	ther information of	concerning this matter, please of	•	ouncation)			
ALEX D FERN			at (_305_)	965 3089			
Name of Person			Area Code & Day	time Telephone Number			
		he following amount:					
□\$25	.00 Filing Fee	\$30.00 Fiting Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIN	ITAGE INSTA	ALLATION LL	.C	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear Liability Company)	s on our records.	
The Articles of Organization for this Limited Florida document numberL1100001		were filed on	01/26/2011	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :	
		NSTALLATION		
The new name must be distinguishable and end w "L.L.C."	vith the words "Limi	ited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			5 2
				HAT E TO
Enter new mailing address, if applicable:		N/A		SSS W
(Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)			3 11
B. If amending the registered agent and registered agent and/or the new registered			6	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		En	ter Florida street ad	dress
		N/A	, Florida	N/A
		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 Type of Action <u>Address</u> **Title** <u>Name</u> N/A N/A Remove □ Add Remove ☐ Add ☐ Remove Remove _\Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JANUARY, 26 Dated _ Signature of a member or authorized representative of a member ALEX D FERN

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee