

Division of Corporations

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L1000051249Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000205733 3)))



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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : ISAAC MATZ P.A., C.P.A.
Account Number : I20040000029
Phone : (305) 573-6640
Fax Number : (305) 675-6200

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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11 AUG 17 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VINE-CRAFT, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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C. LEWIS
AUG 18 2011
EXAMINER

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FAX AUDIT NUMBER:

41100002057333

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

FILED
2011 AUG 17 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VINE-CRAFT, 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 04/29/2011 and assigned
Florida document number L11000051249

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."

Enter new principal offices address, if applicable:

5972 NE 4TH AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33137

Enter new mailing address, if applicable:

5972 NE 4TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33137

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.

Prepared by:
Isaac Matz PA
2742 Biscayne Blvd
Miami, FL 33137
Tel (305) 573-6640
Fax (305) 675-6200

If Changing Registered Agent, Signature of New Registered Agent

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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

| Title | Name | Address | Type of Action |
|-------|------|---------|---|
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <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 AUGUST 17TH, 2011

Signature of a member or authorized representative of a member

JAY BORSKY AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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