## L110000092582

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: VINTAGE Art 9	Sign LLC of Limited Lisbility Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Bnttni	Sutton Name of Person
Vintage	ATT & Sign LLC Film/Company
14/19 29	th Street, Suite3
Nicev	111e, FL 32578 City/State and Zip Code
britta: E-mail a	VINTUAL AND
For further information concerning this matter, p	blease call:
Brittin Sutton Name of Person	at (850) 389 - 8585 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\times \text{S25.00 Filing Fee}\$  \$\to \text{S30.00 Filing Fee}\$	2 & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of St	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2525.777-8 PH 5: 18 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_ Florida document number L11000092582 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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>	Name	Address	Type of Action
<u>Menlber</u>	Brock Sutton	•	□Add
		Niceville, FL 32578	DRemove
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Filing Fee: \$25.00