

L120100074498

(Requestor's Name)

(Address)

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(Business Entity Name)

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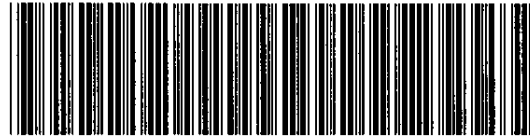
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AUG 22 2012

EXAMINER



700238580807

08/20/12--01019--026 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 20 AM 8:43

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Vintage Joye Vapor Lounge 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 Minichiello

Name of Person

Vintage Joye Vapor Lounge LLC

Firm/Company

89 9th Street South

Address

Naples FL 34102

City/State and Zip Code

vintagejoye@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Minichiello

Name of Person

at ( 239 )

263-1050

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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 AUG 20 AM 8:13

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

Vintage Joye Vapor Lounge LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 20 AM 9:43

The Articles of Organization for this Limited Liability Company were filed on June 5, 2012 and assigned  
Florida document number L12000074498.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Minichiello Home Group LLC

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:**

89 9th Street South

**(Principal office address MUST BE A STREET ADDRESS)**

Naples, FL 34102

**Enter new mailing address, if applicable:**

89 9th Street South

**(Mailing address MAY BE A POST OFFICE BOX)**

Naples, FL 34102

**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:

Michael Minichiello

New Registered Office Address:

89 9th Street South

*Enter Florida street address*

Naples

*City*

, Florida

34102

*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:

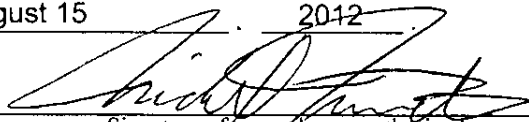
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Minichiello	797 Belville Blvd Naples, FL 34102	<input type="checkbox"/> Add <input checked="" 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 15, 2012



Signature of a member or authorized representative of a member

Michael Minichiello

Typed or printed name of signee