## L12000079041

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J. BRYAN

SEP 1 3 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Co			·	
SUBJECT:	Vincent Fort	ANA LLC red Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		+ J. FONTANA Name of Person		
	Vincent Fontana LLC			
	Past O	Firm/Company Ffice Box 3705	8 AH. SS	
	- Tallaha.	Address  SSEC, FL. 32315  City/State and Zip Code	ALLAHASEE FLURIU	
	flowersh E-mail address:	City/State and Zip Code  OTHER Embargman  to be used for future annual report notifica	Con	
For further information	concerning this matter, please c		,	
Vired For	TAND	at (86) 556-59	18	
Name	of Person	Area Code & Daytime T		
Enclosed is a check for	the following amount:		,	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vincent Fortana	LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	empany as it now app ited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on _	06/14/20/2 and assigned	
Florida document number <u>[1200007904]</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company l	<u>nere</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Con	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		E 8 TI	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	T 7	
•		SEE	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		7. F	
		<b>*</b>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our records, enter the name of the new	
Name of New Registered Agent:	·		
New Registered Office Address:		Fatau Florida atuant addunas	
	Enter Florida street address		
	City	, Florida 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> James Jones Remove ☐ Ađd Remove \_\_ Add \_ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated <u>09-13</u> Signature of a member or authorized representative of a member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

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Filing Fee: \$25.00