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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
}	Office Use On	lv



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T. Burch NOV 1 4 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DINTA CAPITAL 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:	
FERENCO PINTALUBA Name of Person	
PINA CAPITAL ULC Firm/Company	
2741 SW 29 CT Address	
MiAMi, F1 33133	
City/State and Zip Code fedepinks D funcil com E-mail address: (to be used for futury annual report notification)	
For further information concerning this matter, please call:	
REPERIO PINTALISA at 30T, 9057466 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2014

FEDERICO PINTALUBA 2741 SW 29 CT MIAMI, FL 33133

SUBJECT: PINTA CAPITAL LLC Ref. Number: L12000127714

We have received your document for PINTA CAPITAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete pages 2 & 3 of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00023421

Tim Burch Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VINTA	CAPIT	AL LLC			
(<u>Name of the Limited</u>	Liability Company Florida Limited Lia	y as it now appears on our r ability Company)	records.)	7	
The Articles of Organization for this Limited Lia Florida document number	ving:	12(05/201	NOR 13 PH L: 2	
A. If amending name, enter the new name of t	the limited liabili	ity company here:		25 X	
The new name must be distinguishable and end with the w	ords "Limited Liabil		_		
Enter new principal offices address, if applical	ble:	2741 5	5W 29	COV	RT
(Principal office address MUST BE A STREET	ADDRESS)	MIAMI, FI	3313	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	2741 S Miami, +	SW 29 FI 331	CO11	2T
B. If amending the registered agent and/o registered agent and/or the new registered off			cords, <u>enter the</u>	e name of t	<u>he new</u>
Name of New Registered Agent:	FEDERI 2741	CO PINT SW 2°	ALUSA 7 COU	25	
New Registered Office Address:		Enter Florida street			
	MiAMi	City	_, Florida	3313 Zip Code	<u>5</u> 3

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	JOAQUIN PINTALUZA	2858 PINETREE DIVE #1	🗹 Add
		MiAMi BEACHA 33140	□ Remove
Mbr	CHRNEN FERNANCE MONGEO	2858 PINETREE PLIVE#	Z ∧dd
		MÍAMÍ 35ACH, FI 33140	□ Remove
MGR	FERRICO PINTALUBA	2741 SW 29th GOLF	[1 Add
		MIAMI, FL 33133	□ Remove
			□ ∧dd
			_□ Remove
			□ ∧dd
			_□ Remove
			□ Add
			_□ Remove

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
_	
_	
	ve date, if other than the date of filing:
Dated .	MONEMBER 10th 2014
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	FEMICO PINTALUBA Typed or printed name of signer
	Typed or printed name of signee

14 NOV 13 PM L: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 3 of 3

Filing Fee: \$25.00