## L13000056301

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2018

MARCELLA MANCA MORANO INTERNATIONAL, P.A. 407 LINCOLN ROAD SUITE 10C MIAMI BEACH, FL 33139

SUBJECT: VINTAGE WATCHES MIAMI, LLC

Ref. Number: L13000056301

We have received your document for VINTAGE WATCHES MIAMI, 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):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 218A00006007

RECEIVED

2018 APR 13 PH 12: 19

DEPARTMENT OF STATE

DEPARTMENT OF STAT

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VINTAGO WATCHOS MATI, UC  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:	
MARCOLA MANCA Name of Person	
MORANO INTERNATIONAL PA Firm/Company	
407 LINCOLN ROAD, SUITE 10C	
City/State and Zip Code	
City/State and Zip Code  Marcella e mranolaw. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MARCEUA MARCA at (305) 673-9273  Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{Certified Copy (additional copy is enclosed)}\$\$	Status & y

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**

VINTAGE WATCHES MIATI	ille
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13 00 00 56 30 1</u> .  This amendment is submitted to amend the following:	were filed on 0417 7013 and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	168 SE 15 STREET, SUITE 1202
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	168 SE 1 <sup>ST</sup> STREET, SVITE 1202 MIANI, FL 33131
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	ffice address on our records, enter the name of the new
New Registered Office Address:	ASSI ASSI
	Enter Florida street address , Florida City  Enter Florida street address  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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an effecti	date, if other than ive date is listed, the date	must be specific	and cannot be	prior to date o	f filing or more	than 90 days afte	<b>ional)</b> er filing.) Pursuan	ıt to 605.020
Note: If i	the date inserted in the s's effective date on the	is block does no ne Department o	ot meet the ap of State's rec	oplicable sta ords.	tutory filing re	quirements, th	is date will not	be listed as
he recor The 9(	d specifies a dela Oth day after the	yed effective record is file	e date, bui d.	t not an e	fective tim	e, at 12:01	a.m. on the	earlier o
Dated	April 5		2018	3				
			<b>√</b> ,					
		-1 (1)	Jul-	- l-				
		Signature o	a member or	auth Hized re	presentative of a	member		

Page 3 of 3

Filing Fee: \$25.00