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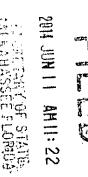
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JUN 13 2016 A BRUCE

COVER LETTER

Division of Corporations	
SUBJECT: Vintiva Insurance 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:	
Magalie Pena Name of Person Vintiva Insurance, LLC Firm/Company 9600 Sample Rd Ste 505 Address	
Coval Springs FL 33065 City/State and Zip Code	
Vintivainsurance @ gmaili com	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Magalie Penu at (994) 696-4046 Name of Person area Code Daytime Telephone Number	2014 JUNIT AMIL: 2
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ec, Status &

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

Vin-tiva Ins (Name of the Limited Liabi (A Florid	SUCAN lity Company da Limited Lia	e LL as it now appear	s on our records.)	·		
The Articles of Organization for this Limited Liability Florida document number	Company w		3/3/14	aı	nd assig	med
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liabili	y company he	<u>re</u> :			
The new name must be distinguishable and end with the words "L	imited Liabilit	y Company," the c	lesignation "LLC" or	the abbrevia	tion "L.I.	C."
Enter new principal offices address, if applicable:	_	9600	Sample	Rd 4	ste.	505
(Principal office address MUST BE A STREET ADD	(RESS)	Coral	Sample Springs,	a	330	65-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- -				2014 JUN 1	Access and the second of the s
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered offic dress here:	ee address on	our records, en	ter the n		theenew
Name of New Registered Agent:	<u>lagati</u>	e Peñ	ía –			
New Registered Office Address:	<u>4600</u>	Sarr Enter Flori	1916 Rd da street address	Ste	: 5	05
<u>C</u>	oral "	Springs City	, Florida	3 <u>3</u> Zip	SO 69 Code	<u> </u>

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 amendii Authorize	ng the Managers or Authorized Men d <u>Member being added or removed</u>	nber on our records, <u>enter the title,</u> from our records:	name, and address of each Manager or
MGR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			□ Add
			☐ Remove
			
			Add
			□ Remove
			Add
			Remove
			TE PORTO
		-	AND AND
			Remove
			
			Remove

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effective date must be specific, cann	e date of filing: (optional) not be prior to date of receipt or filed date and cannot be more than 90 days after lorida Department of State)
effective date must be specific, cann date this document is filed by the Flo	not be prior to date of receipt or filed date and cannot be more than 90 days after
fective date, if other than the effective date must be specific, cannot edate this document is filed by the Flutted Lune 9	not be prior to date of receipt or filed date and cannot be more than 90 days after

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Filing Fee: \$25.00

