

L16 000053877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

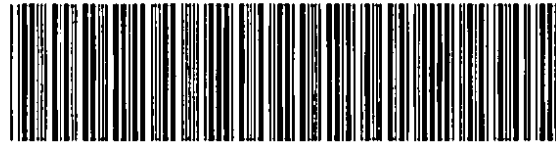
(Business Entity Name)

(Document Number)

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CLERK OF STATE
DIVISION OF CORPORATION
19 DEC -2 AM 9:51

JAN 09 2020
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vin Voyage, LLC

Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Weisman

Name of Person

ADVOS legal pllc

Firm/Company

5000 Sawgrass Village Cir., Suite 7

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

support@advoslegal.com

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

For further information concerning this matter, please call:

Lauren Weisman

904 567-5311
at ()

Name of Person

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

19 DEC -2 AM 9:51

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Philadelphia, PA 19147

Zip Code

Page 1 of 3

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael White		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tim Campbell		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P.S.T	Melissa White	1421 S. Howard Street	<input checked="" type="checkbox"/> Add
		Philadelphia, PA 19147	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 22, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee