

L16 000080901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

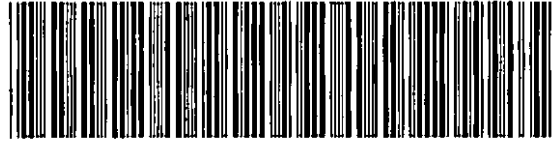
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Received  
08/23

Office Use Only 08/24/21  
S.C.



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06/03/21--01010--018 \*\*52.50



23 Aug 21

11:50



RECEIVED

2021 AUG 23 PM 2:58

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2021

EDUARDO CASTRO  
1020 W. PIPKIN RD  
LAKELAND, FL 33811

SUBJECT: VINTAGE FACTORY LLC  
Ref. Number: L16000080901

We have received your document for VINTAGE FACTORY LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, 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) 245-6050.

Summer Chatham  
OPS

Letter Number: 321A00015486

①

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VINTAGE FACTORY 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:

EDUARDO CASTRO

\_\_\_\_\_  
Name of Person

VINTAGE FACTORY LLC

\_\_\_\_\_  
Firm/Company

1020 W PIPKIN RD

\_\_\_\_\_  
Address

LAKELAND, FL 33811

\_\_\_\_\_  
City/State and Zip Code

EACASTROH@HOTMAIL.COM

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

For further information concerning this matter, please call:

EDUARDO CASTRO

863 660-9872  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VINTAGE FACTORY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/25/2016 and assigned  
Florida document number 1.16000080901.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	COMIVARIV S.A.	1020 W PIPKIN RD	<input type="checkbox"/> Add
		LAKE LAND FL 33811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIEGO CASTRO ALVEAR	5585 ARLINGTON RIVER DR	<input checked="" type="checkbox"/> Add
		LAKE LAND FL 33811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA V HARRIS	5219 WHITE EGRET LANE	<input type="checkbox"/> Add
		LAKE LAND FL 33811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDUARDO CASTRO	5219 WHITE EGRET LN	<input checked="" type="checkbox"/> Add
		LAKE LAND FL 33811	<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

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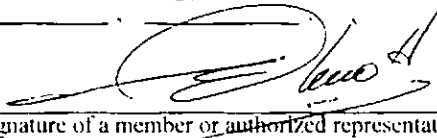
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

E. Effective date, if other than the date of filing: 08/19/2021 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/19/ 2021

  
Signature of a member or authorized representative of a member

EDUARDO CASTRO

Typed or printed name of signee