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(Re	questor's Name)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	YN VINTAGE AND VINYL L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ר טוייט ז	DIANE M PEREZ	Name of Person	
	NAME OF Limited Liability Company Amendment and fee(s) are submitted for filing. Address PEREZ Name of Person BROOKLYN VINTAGE AND VINYL LLC Firm/Company PEREZ, DIANE M 2201 NW 168TH AVE 303 Address PEMBROKE PINES, FL 33028 City/State and Zip Code E-mail address: (to be used for future annual report notification) Incerning this matter, please call: 1786		
BROOKLYN VINTAGE AND VINYL LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: DIANE M PEREZ			
,	PEREZ, DIANE M 2201	NW 168TH AVE 303	
	PEMBROKE PINES, FL		
For further information			fication)
		786 853-5184	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:	, ,	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & Certified Copy	Certificate of Status & Certified Copy
Regis Divisi P.O. I	tration Section	STREET/COURI Registration Section Division of Corpor Clifton Building	on rations enter Circle

grant California

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROOKLYN VINTAGE AND VINYL LLC		
(Name of the Limited Liability (A Florida	Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number L16000156986	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	led liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office address	ered office address on our r	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	1 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>		Address	Type of Action
MGR	TISHANA GENO	2201 NW 168TH AVE 8-303 PEMBOKE	DiNes ■ Add
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ective date, if other than tl	ne date of filir	09/16/2016		(op	tional)	
effective date is fisted, the date nee: If the date inserted in this	ust be specific ar	id cannot be prior t	o date of filing or ble statutory fili	nore than 90 days aft ng requirements, th	er filing.) Pursuant to his date will not be	605.0207 listed as
ument's effective date on the	Department of	State's records.	•			
				#! at 13.01		م جمالت
record specifies a delay he 90th day after the re	ea effective ecord is filed	date, but not	an enective	time, at 12:01	a.m. on the ea	irilei o
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ed		, 2016	-· \			
	~	a	}			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00