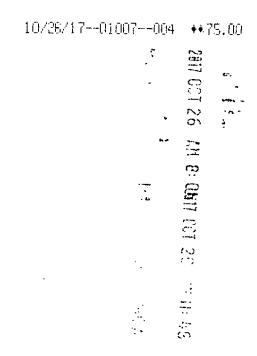
## (17000000601

(Re	questor's Name)	
(Åd	dress)	<del></del>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: VINE D&	C, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANN BLACK		
		Name of Person	<del></del>
	SMITH, THOMPSON, SE	HAW, ET AL.	
		Firm/Company	<del></del>
	3520 THOMASVILLE RO	OAD, FOURTH FLOOR	
		Address	Daytime Telephone Number    \$60.00 Filing Fee, Certificate of Status &
	TALLAHASSEE, FL 323	09	
		City/State and Zip Code	
	dcotronejr@gmail.com		
		to be used for future annual report noti.	fication)
For further information of	concerning this matter, please co	all:	
ANN BLACK		850 893-4105	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certificate of Status & Certified Copy

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

VINE D&C, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I. Florida document number L17000026801	iability Company	were filed on FEBRUARY 2, 2017	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
NA			
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:		4501 Manatee Ave W #244	
(Principal office address MUST BE A STREET ADDRESS)		Bradenton Florida 34209	
Enter new mailing address, if applicable:		4501 Manatce Ave W #244	2017 00
(Mailing address MAY BE A POST OFFICE BOX)		Bradenton Florida 34209	N , / *
B. If amending the registered agent and registered agent and/or the new registered of		· ·	nter the name of the new
Name of New Registered Agent:	<del></del>	1.41.51.4.51.4.51.4.51.4.51.4.51.4.51.4	
New Registered Office Address:	4501 Manatee		
		Enter Florida street address	
	Bradenton	, Florid	<del></del>
	,	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
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			□ Change
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fective date, if other than an effective date is listed, the dat	the date of filing: (option e must be specific and cannot be prior to date of filing or more than 90 days after fi	nal)
ote: If the date inserted in the	his block does not meet the applicable statutory filing requirements, this one Department of State's records.	date will not be listed as
record specifies a del The 90th day after the	ayed effective date, but not an effective time, at 12:01 a record is filed.	m. on the earlier of
OCTOBER 25	2017	
ated	- N, # # - Z	, pa
<del></del> -		7 00
	Signature of a member or authorized representative of a member	. — —
-	DAVID COTRONE, JR., Manager  Typed or printed name of signee	۰
	Typed of printed name of signee	<u> </u>
	Page 3 of 3	<u>С</u>

Filing Fee: \$25.00