Division of Corporations

L18000245711

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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7/3/18
Rhd
Request

To:
Division of Corporations
Fax Number : (850)617-6393

From:
Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239)939-2222
Fax Number : (239)939-2280

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: MWICKER@JMWCPA.COM

RECEIVED
2018 JUL -3 PM 12:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## VINTAGE REAL ESTATE LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 5 |
| Estimated Charge | $25.00 |

Electronic Filing Menu Corporate Filing Menu Help 7/5/18 DS

TRANSMISSION VERIFICATION REPORT

TIME : 06/26/2018 02:11
NAME : COSTELLO ROYSTON&WIC
FAX : 239-939-2280
TEL :
SER.# : BROL0J229312

| | |
|---|---|
| DATE,TIME | 06/26 02:10 |
| FAX NO./NAME | DIVOFCOR |
| DURATION | 00:00:54 |
| PAGE(S) | 04 |
| RESULT | OK |
| MODE | STANDARD ECM |



Division of Corporations

# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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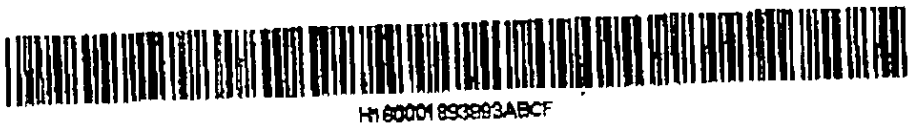


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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239)939-2222
Fax Number : (239)939-2280

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: MWICKER@LAWCELL.COM

H18000189392

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VINTAGE REAL ESTATE, 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 02/01/2018 and assigned Florida document number L18000029571.

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)***

1517 SW 56TH TER
CAPE CORAL, FL 33914

**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: JOHN M. WICKER

New Registered Office Address: 12670 NEW BRITTANY BLVD, SUITE 101
*(enter Florida street address)*

FORT MYERS, Florida 33907
*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



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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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | HEATH HYNDMAN | 1517 SW 5GTH TER | ☒ Add |
| | | CAPE CORAL, FL 33914 | ☐ Remove |
| | | | ☐ Change |
| MGR | Samantha Brooke Marker | | ☐ Add |
| | | | ☒ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

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

INSERT THE FOLLOWING:

ARTICLE VII -

The Limited Liability Company is managed by a Manager or group of Managers and is therefore, Manager Managed.

E. Effective date, if other than the date of filing: _____ (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 06/26, 2018

Signature of a member or authorized representative of a member

ANGELA HYNDMAN
Typed or printed name of signer



Filing Fee: $25.00

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