L19000057475

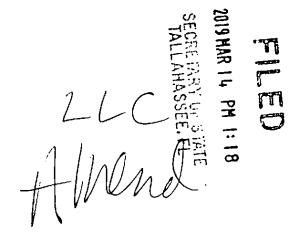
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:SL	reet Home Name of Lim	Vintage Maited Liability Company	irket, LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Rochelle f. C	Colloscolo Name of Person	
	Sweet Hom	e Vintage Marke	+, LLC
		Steeplechase (
	Malabar	City/State and Zip Code Code	
	S Colloge E-mail address: (1	Jo G John Co	Omeration)
For further information con	cerning this matter, please ca	ill:	
Rochelle (Letto redo erson	at (371) 243- Area Code Daytime	8021 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Febuer-Florida document number <u>L190000 57475</u> 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 "LLC." 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 __

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
	John Colloredo	1005 Steeplechase Cir	
AMBR		Malabar FL 32950	Remove
			hange
mg =	Rochelle P. Colloredo	1005 Steephichase Con Malabar FL 32950	D Add
O		Malabar FL 32950	□ Remove
			hange
		 	🗀 Add
			☐ Remove
			Change
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			C Remove
			Change
			□ ∧dd
			□ Remove
			□ Change
			O Add
			Remove
			Change

. 2111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
an cf ote:	tive date, if other than the date of filing:
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	March 10. 2019. Modelle Colland
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Roche //e P. Co//oce Jo Typed or printed name of signee
	110000 110 1 1 11600 110

Page 3 of 3

Filing Fee: \$25.00