L19000073872

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(Cit	y/State/Zip/Phone	: #)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
Vintage Co	ottage Antiques LLC			
SUBJECT:	Name of Lim	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:		
	Corrine Kenner			
		Name of Person		
	Haunted Antique Shop			
		Firm/Company		
	612 W New York Ave			
		Address		
	DeLand FL 32720			
		City/State and Zip Code		
	corrinekenner@gmail.com	to be used for future annual report not	,	
For further information (concerning this matter, please co		meanony	
Corrine Kenner		386 414-3794		
Name (of Person	at ()	ne 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address:	vetion	
Division of C	Corporations	•	Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vintage Cottage Antiques 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 3/15/2019 and assigned Florida document number L19000073872

This amendment is submitted to amend the following:

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

Haunted Antique Shop LLC

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Remove
			□ Change
			□Add
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			□Add
			□Remove
			□Change

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	_	<u> </u>		
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	t be specific and cannot be p ock does not meet the ap	plicable statutory filir	(option) nore than 90 days after til ng requirements, this d	ing.) Pursuant to 605.0207 (
record specifies a delayed effectiv d is filed.	e date, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated March 23	. 2021	·		
		,/		
	COSSIME Signature of a member or a	Kenne	<u>) </u>	