

L19 000175874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

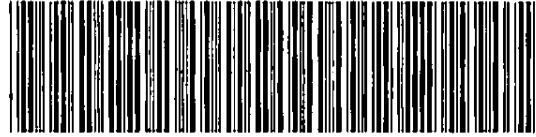
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700339409697

01/21/20--01012--024 **50.00

FILED

2020 JAN 21 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 14 2020

1

**TO: Registration Section
Division of Corporations**

SUBJECT: VINCENT LANE DISTRIBUTORS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Hutt
Name of Person
VINCENT LANE DISTRIBUTORS LLC
Firm/Company
15604 sw 16th ct
Address
Pembroke Pines, FL, 33027
City/State and Zip Code
ehutt93@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Hutt	954	6492718
<hr/>	at (<hr/>)	<hr/>
Name of Person	Area Code	Daytime 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

VINCENT LANE DISTRIBUTORS LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael Kaladi	12001 ABESS BLVD APT 3104	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vincent Messina		<input type="checkbox"/> Add
		9793 MAJORCA PLACE BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET
2020 JAN 21 PM 4:38
TALLAHASSEE, FL
STATE

