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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	————- Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registrati Division o				
eno ie	rizhan.		ED CLOTHING LLC		
SUBJE	:C1:			mited Liability Company	
The en	closed Articl	les of Ame	ndment and fee(s) are su	ibmitted for filing.	
Please	return all cor	rresponden	ce concerning this matte	er to the following:	
		E	BLAKE LOMBARDI		
		- L	UNFINISHED CLOTHING	Name of Person	
		4	Name of Person UNFINISHED CLOTHING LLC Firm/Company 48 LELAND RD Address COLTS NECK, NJ 07722 City/State and Zip Code hbl1285@aol.com		
		-	OLTS NECK, NJ 07722		
		- hb	ol1285@aol.com	City/State and Zip Code	
			E-mail address:	(to be used for future annual report not	
For fur	ther informat	tion concer	ning this matter, please	call:	
HILI	LARY LOMI	BARDI		732 245-5635	
	N	ame of Pers	on		ne Telephone Number
Enclose	ed is a check	for the fol	lowing amount:		
■ \$ 25	5.00 Filing Fe	ee □	\$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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNFINISHED CLOTHING LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on JULY 17, 2019	and assigned
lorida document number L19000183658		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	iability company here:	
VINTAGE REVIVAL LLC		v
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• •		7019
Principal office address MUST BE A STREET ADDRESS	·	9 SEP
		2
nter new mailing address, if applicable:		· P '#!
Mailing address MAY BE A POST OFFICE BOX)		ယ မီမေ
		0
If amending the registered agent and/or registered gistered agent and/or the new registered office address have a Name of New Registered Agent: New Registered Office Address:	office address on our records, ente	r the name of the
	nnier moriaa sireei adaress	
	, Florida _	
	City	Zio 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 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
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Effectiv	e date, if other	than the dat	e of filing:				(optional)	
Note: 11	tive date is listed, to f the date inserted it's effective date	d in this block	does not mee	et the applica	to date of filing able statutory	or more than 90 Iling requirem	days after filing, ents, this date) Pursuant to 605.02 will not be listed
e reco The 9	rd specifies a Oth day after	delayed ef the record	fective dat is filed.	te, but not	an effectiv	ve time, at :	12:01 a.m.	on the earlier
•	SEPTEMBER	7		2019				
Dated _	1/	1			_ ·			
			, ,					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00