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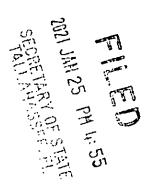
(Reque	estor's Name)	
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Certified Copies	Certificate	s of Status
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311/21

COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT: VIN	TERRA A	SSOCATES ed Liabitity Company	LLC
The enclosed Articles of A	emendment and fee(s) are subm	sitted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Ph. lippe	Name of Person	715
		Firm Comban's	
		Address	AVE # 12-
	MIAMI	TL 33172 City State and Zip Code	-
	ACCOUNTING 1:-mail address: (18	2 6 VINTEVEA	DIVECT . COM
For further information co	ncerning this matter, please cal	E.	
LAZ KAR	JEMAN Person	at (<u>646) 32.7</u> Area Code Daytim	7-301 e l'elephone Number
Enclosed is a check for the	· following amount:		
S25.00 Filing Fee	12 \$30.00 Filing Fee & Certificate of Status	12 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration So		<u>Street Address:</u> Registration Sec	etion
Division of Co		Division of Cor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

	4SSOCIATES	<u> </u>
(Name of the Limited Liab (A Flor	ility Company as it now appear ida I imited Liability Company)	son our records) SECRETARY OF STATE TALL AHASSE'S FL
he Articles of Organization for this Limited Liability	Company were filed on	
lorida document number <u>L 2 0000 0</u>	59231	
his amendment is submitted to amend the following.		
. If amending name, enter the new name of the li	mited liability company ho	<u>re</u> :
he new name must be distinguishable and contain the words "I	inited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
ater new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADI</u>	ORESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	red office address on our r	ecords, enter the name of the new regis
to the second se	•	
	;	
£, £,	:	
ent and/or the new registered office address here		
gent and/or the new registered office address here Name of New Registered Agent:		ida street address
gent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Flor	

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, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LAZATUS WINE 1.Spini	to 1000 quaysine terr, 411 Minni PL 33138	□Add
			Remove
			Change
AMBR	MIZCHAM TOADMS	2051 NW 112, # 127	□Add
		My Amy FL 33172	Li-Remove
			□Change
AMB R	LAZARUS KAVFMAN	1000 QUAYFIDE FEVE	_ txaa
		Unit 411, MIAM, FL.	CRemove
			□Change
AMBR	Philippe BellANDE	JR. 2051 NW 112th, #127	Add
		Mi AMI, FL 33172	⊟Remove
			□Change
· 1 · · · · · · · · · · · · · · · · · ·			
			□Remove
			□Change
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			DRemove
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i effe <u>te:</u>	ve date, if other than the date of filing:
core s til	d 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 ed
1	1-20 . 2021
ea_	
ea ₋	
ied ₋	Signature of a member or authorized representative of a member LAZA 2 S S S T E