

170 000 287313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

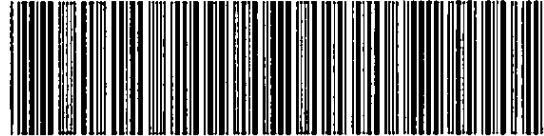
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A. BUTLER
FEB 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations
VINICK LLC

SUBJECT: _____
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:

NICHOLAS DEVITO

Name of Person

Firm/Company

6029 MEMORIAL HIGHWAY

Address

TAMPA, FL 33615

City/State and Zip Code

HOTELBUILDER@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICHOLAS DEVITO

813 230-6600

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

VINICK 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 SEPTEMBER 14, 2020 and assigned
Florida document number L20000287313.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6029 MEMORIAL HIGHWAY

TAMPA, FL 33615

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:

NICHOLAS DEVITO

New Registered Office Address:

6029 MEMORIAL HIGHWAY

Enter Florida street address

TAMPA

Florida 33615

City

Zip 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 Changing Registered Agent, Signature of New Registered Agent

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>
MGR	NICHOLAS DEVITO	6029 MEMORIAL HIGHWAY	<input checked="" type="checkbox"/> Add ✓
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADC OF TAMPA LTD	11303 CARROLLWOOD DR	<input checked="" type="checkbox"/> Add ✓
		TAMPA, FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICHOLAS AND REBECCA DEVITO REVOCABLE TRUST	6029 MEMORIAL HIGHWAY	<input checked="" type="checkbox"/> Add ✓
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1-6-22

Nicholas DeVito MANAGER
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB -1 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FL

January 19, 2022

NICHOLAS DEVITO
6029 MEMORIAL HIGHWAY
TAMPA, FL 33615

SUBJECT: VINICK LLC
Ref. Number: L20000287313

We have received your document for VINICK LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DID NOT CHECK A TYPE OF ACTION FOR YOUR OFFICERS.

DONC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 522A00001388