

L21 000065424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

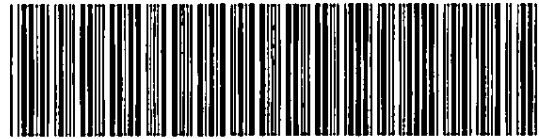
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21 APR 19 AM 10:03  
Division of Corporations



The Demps Law Firm

March 22, 2021

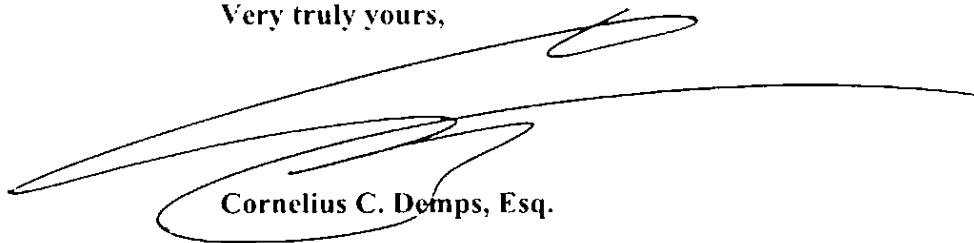
**VIA U.S. MAIL:**  
**Registration Section**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

**RE: Our Client: Autaviano Vintage Watches, LLC**  
**Firm No: 00033-Garcia**  
**Document No: L21000065424**  
**Date of Formation: February 8, 2021**

Dear Registration Section:

Please be advised The Demps Law Firm, PLLC represent Mr. Enrique Garcia in connection with formation of the Florida limited liability company known as "Autaviano Vintage Watches, LLC". Due to a clerical error, our client's name is spelled as "EEnrique". Enclosed, please find the amendment documents and payment for \$25.00. If this can be expedited, it would be greatly appreciated as our client is hindered from opening business bank accounts because of this error. Please let us know if you have any further questions.

Very truly yours,



Cornelius C. Demps, Esq.

The Demps Law Firm PLLC

☎ (813) 602-1126    ✉ info@dempslaw.com    📍 1868 Highland Oaks Blvd.  
🌐 www.dempslaw.com    Suite A-4 Lutz, FL 33559

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## COVER LETTER

TO: Registration Section  
Division of Corporations

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

SUBJECT: AUTAVIANO VINTAGE WATCHES, LLC  
Name of Limited Liability Company

21 APR 19 AM 10:03

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

Please return all correspondence concerning this matter to the following:

CORNELIUS DEMPS

Name of Person

THE DEMPS LAW FIRM, PLLC

Firm/Company

1868 HIGHLAND OAKS BOULEVARD SUITE A-4

Address

LUTZ, FL 33559

City/State and Zip Code

admin@dempslaw.com

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

For further information concerning this matter, please call:

Cornelius Demps 813 602-1126  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

21 APR 19 AM 10: 03

AUTAVIANO VINTAGE WATCHES, 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 February 8, 2021 and assigned  
Florida document number L21000065424.

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)**

**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:

New Registered Office Address:

Enter Florida street address

City Florida 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**

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 APR 19 AM 10:03

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

If the record 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 record is filed.

Dated March 22, 2021

Signature of a member or authorized representative of a member

Charles Demps  
Typed or printed name of signee

Filing Fee: \$25.00