Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

C\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VINTAGE ESTATE BUYERS LLC

Certificate of Status	0
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Corporate Filing Menu

T. LEMIEUX Help

OCT 17 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vintage Estate Buyers LI	LC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	-
The Articles of Organization for this Limited Liab Florida document number L22000108192	oility Company were filed on 03/02/2022	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	gistered office address on our records, <u>enter the name</u> <u>here</u> :	of the new registered
		<b>2</b> 15
New Registered Office Address:	Enter Florida street address	1 2: 34 Load
	Florida	Zip Code
	×10	

## 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
AMBR	NICHOLAS VELENTZAS	1101 CRYSTAL LAKE DRIVE SUITE 301	<b>X</b> iAdd
		POMPANO BEACH FL 33064	□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
		Remove	
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change

. If amending any other in	information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
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<u></u>		
Note: If the date inserted i	than the date of filing:	)207 (3) I as the
the record specifies a delayed the file of the specifies and specifies a delayed the specifies and specifies a delayed the specifies and specifies a delayed the specifies and the specifies a delayed the specifies and the specifies are specified as the specified as the specifies are specified as the specified as	ad effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
Dated 10/14	. 2022	
700	Signature of a member or authorized representative of a member	
Morgan	Noble  Typed or printed name of signee	

Filing Fee: \$25.00