

L22000427095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

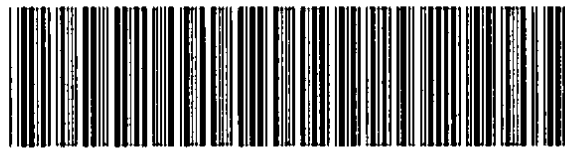
(Business Entity Name)

(Document Number)

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2022 OCT 31 AM 6:48
SOUTH CAROLINA
STATE

A. BUTLER

JAN 23 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

VINTAGE HORSEPOWER 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:

AARON H ANDERSON

Name of Person

VINTAGE HORSE POWER LLC

Firm/Company

155 PONCE DELEON BLVD. UNIT 1863

Address

DELEON SPRINGS, FL 32130

City/State and Zip Code
VINTAGEHORSEPOWERLLC@GMAIL.COM

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

For further information concerning this matter, please call:

ARAH LANDERSON

386 801-6074

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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
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**

2022 OCT 31 AM 6:48

VINTAGE HORSEPOWER 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 10/03/2022 and assigned
Florida document number 122000427095.

This amendment is submitted to amend the following:

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:

155 PONCE DELEON BLVD. UNIT 1863

Principal office address MUST BE A STREET ADDRESS)

DELEON SPRINGS, FL 32130

Enter new mailing address, if applicable:

155 PONCE DELEON BLVD. UNIT 1863

Mailing address MAY BE A POST OFFICE BOX)

DELEON SPRINGS, FL 32130

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:

AARON H ANDERSON

New Registered Office Address:

155 PONCE DELEON BLVD. UNIT 1863

Enter Florida street address

DELEON SPRINGS

Florida

32130

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

of amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMGR	SARAH LANDERSON	155 PONCE DELEON BLVD. UNIT 1863	<input type="checkbox"/> Add
		DELEON SPRINGS, FL 32130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

OCTOBER 24TH 2022

Dated _____,

Ann Hys Anderson

Signature of a member or authorized representative of a member

AARON H ANDERSON

Typed or printed name of signee