

Division of Corporations

**M20000004555**

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**VINTAGE NORTH AMERICA LLC**

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SEP 21 2023

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: VINTAGE NORTH AMERICA LLC

Enter new principal office address, if applicable: 5555 COLLINS AVE

(Principal office address  
MUST BE A STREET ADDRESS)

# SR

MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

5555 COLLINS AVE

# SR

MIAMI BEACH, FL 33140

2. The Florida document number of this limited liability company is: M20000004555

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: 05/12/2020

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: CHANGE OF ADDRESS

New Registered Office Address: 5555 COLLINS AVE # SR

*Enter Florida Street Address*

MIAMI BEACH

33140

*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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Paula A. Valverde-Norambuena	12801 W SUNRISE BLVD UNIT 803	<input type="checkbox"/> Add
		SUNRISE, FL 33323	<input checked="" type="checkbox"/> Remove
MGR	Paula A. Valverde-Norambuena	5555 COLLINS AVE # 8R	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
MGR	Valentina A. Valverde	12801 W SUNRISE BLVD UNIT 803	<input type="checkbox"/> Add
		SUNRISE, FL 33323	<input checked="" type="checkbox"/> Remove
MGR	Valentina A. Valverde	5555 COLLINS AVE # 8R	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Paula Valverde Norambuena*

Signature of the authorized representative

Paula A. Valverde-Norambuena

Typed or printed name of signee

Filing Fee: \$25.00