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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone

: (305)416-6800

Fax Number

: (305)416-6811

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RESORT VILLA II 408, LLC

Certificate of Status	0
Certificate of Status	<u>U</u>
Certified Copy	0
Page Count	0
Estimated Charge	\$25

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Corporate Filing Menu

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COVER LETTER

Registration Section TO: Division of Corporations

Resort Villa II 408, LLC

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:

Diane M. Hernandez

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

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

For further information concerning this matter, please call:

Diane M. Hernandez

 $at \underbrace{(\frac{305}{\text{Area Code}}) \frac{416\text{-}6800}{\text{Daytime Telephone Number}}}_{\text{Daytime Telephone Number}}$

Name of Person

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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassce, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ADAMS GALLINAR PA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	lia II 408, LLC y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on May 6, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	TANK T
		SE 6
		数量[1]
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20 REITE
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi-		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Diego E. Manfio	1000 Brickell Avenue	Add
		Suite 300	■ Remove
		Miami, Florida 33131	
MGR	Silverio E. Manfio	1000 Brickell Avenue	□ Add
		Suite 300	Remove
		Miami, Florida 33131	
MGR	US Professional Management, LLC	1000 Brickell Avenue	■ Add
		Suite 300	□ Remove
		Miami, Florida 33131	
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			□ Add
			□ Remove

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). If amending any other information	enter change(s) here: (Attach ad	ditional sheets if necessary 1	
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Effective date, if other than the date	e of filing:	(optional)	
(The effective date must be specific, cannot be the date this document is filed by the Florida	prior to date of receipt or filed date and car	nnot be more than 90 days after	
October 6	2014		
Dated October 0		1	
	Alderal	/ 	
Sign	ature of a mamber or authorized remesent	ative of a member	
Robert R. Adam	ns, Esq., Authorized F	Representative	
	Typed or printed name of sign	ce	

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Filing Fce: \$25.00