

L16 000105539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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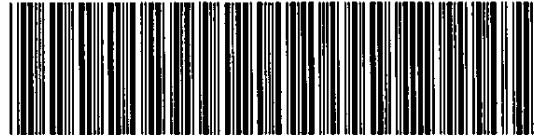
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 29 PM 2:14

AUG 01 2016

S. YOUNG

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Villages Development Group, 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:

Anthony B. Portigliatti  
Name of Person

The Villages Development Group, LLC  
Firm/Company

5950 Lakehurst Drive, Suite 169  
Address

Orlando, FL 32819  
City/State and Zip Code

ap@fcuonline.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
15 JUN 29 PM 2:14

For further information concerning this matter, please call:

Bruno Portigliatti at 407 492-2782  
Name of Person 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

The Villages Development Group, 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 05/31/2016 and assigned Florida document number L16000105539.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF  
ALLIANCE  
16 JUL 29 PM 2:14

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*

\_\_\_\_\_, 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

**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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Anthony B. Portigliatti	8812 Elliotts Ct.	<input type="checkbox"/> Add
		Orlando, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Foreign Direct Investment, LLC	5950 Lakehurst Dr., Suite 169	<input type="checkbox"/> Add
		Orlando, FL 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	3G America, LLC	5950 Lakehurst Dr., Suite 169	<input checked="" type="checkbox"/> Add
		Orlando, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Antonio Lopes Filho	Al Trebbiano 463	<input checked="" type="checkbox"/> Add
		Barueri, Sao Paulo, Brazil	<input type="checkbox"/> Remove
		06458-270	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 FLORIDA SECRETARY OF STATE

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

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE  
FALLS CHURCH, VA 22044  
16 JUL 29 PM 12:15

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 July 22, 2016

*Anthony B. Portigliatti*  
Signature of a member or authorized representative of a member  
ANTHONY B. PORTIGLIATTI  
Typed or printed name of signee