## KZI CCC 459353

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(Address)	
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## COVER LETTER

Registration Section
Division of Corporations

TO:

703 Villa V SUBJECT:	Vay LLC		
SUBJEC1:	Name of Lim	ited Liability Company	. <del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Frank Menendez		
	<u></u>	Name of Person	
	703 Villa Way LLC		
		Firm/Company	
	311 Mini Ranch Road		·
		Address	
	Sebring, FL 33870		
		City/State and Zip Code	
	FMENG CO E-mail address: (	OMCAST. HET to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Frank Menendez		954 298-0279 at ( )	•
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

703 Villa Way LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/21/2021	and assigned
Florida document number L21000459353		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
703 Villaway LLC		
The new pame must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	703 Villaway N	
(Principal office address MUST BE A STREET ADDRESS)	Scbring, FL 33876	
		<u> </u>
	,	
Enter new mailing address, if applicable:	14/A	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		P
	<del></del>	<del></del>
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new register
	,	
Name of New Registered Agent:	/ <sub>A</sub>	
New Registered Office Address:		<del> </del>
	Enter Florida street address	
	, Florida	7. 0.1
	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 a 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Add
			□Rcmove
	·		□Change
			□Add
			Пкеточе
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an effective date is listed, the date n		ecords.	-	
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