

# 2001 UNIFORM LIMITED LIABILITY PARTNERSHIP ACT

**Amendment 1**

DOCUMENT # 800000013360

1. Entity Name

VILLA DYLANO II, LLC

Principal Place of Business

Mailing Address

235 OALA RD. S.

TALLAHASSEE, FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 2535

City & State

City & State

TALL, FL

Zip

Country

Zip

Country

32316-2535

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 SEP 18 AM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/18/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

800004603838-- 8

-09/21/01--01037--005

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

MANAGING MEMBER  
STEVEN M LGONI  
235 OALA ROAD SOUTH  
TALLAHASSEE FL 32304

TITLE NAME ☒ Delete

MEMBER  
LGONI RENE  
592 VIA VERONA  
DADEFIELD PARK, FL 33442

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STEVEN M LGONI

9/18/01

850-580-3131

CR2E083 (11/00)