

LD1000016251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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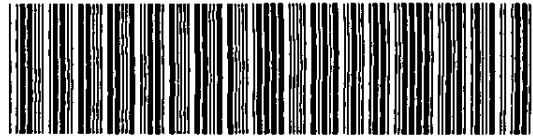
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VILLA FRANCINE 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:

Steven R. Amster
Name of Person
KODSI LAW FIRM, P.A.
Firm/Company
1855 Griffin Road, Suite A-370
Address
Dania Beach, FL 33004
City/State and Zip Code
samster@kodsilawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven R. Amster at **954 771-8277**
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VILLA FRANCINE 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 09/21/2001 and assigned Florida document number L01000016251.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1855 GRIFFIN ROAD, SUITE A-370

(Principal office address MUST BE A STREET ADDRESS)

DANIA BEACH, FL 33004

Enter new mailing address, if applicable:

1855 GRIFFIN ROAD, SUITE A-370

(Mailing address MAY BE A POST OFFICE BOX)

DANIA BEACH, FL 33004

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: _____

1855 Griffin Road, Suite A-370

Enter Florida street address

Dania Beach

City

, Florida 33004

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u> (CHANGE)	<u>Type of Action</u>
MGRM	ARK EQUITY GROUP LLC	1855 Griffin Road, Suite A-370	<input type="checkbox"/> Add
		Dania Beach, FL 33004	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 12, 2013.



Signature of a member or authorized representative of a member

Steven R. Amster, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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