

LD1000021652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

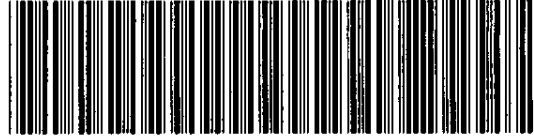
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/14/16--01004--003 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 14 PM 1:20

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DEPARTMENT OF STATE
16 SEP 14 AM 9:07

SEP 15 2015
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VILLA CRISTINA, 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:

ANN BLACK

Name of Person

SMITH, THOMPSON, SHAW, MINACCI & COLON, P.A.

Firm/Company

3520 THOMASVILLE ROAD, FOURTH FLOOR

Address

TALLAHASSEE, FLORIDA 32309

City/State and Zip Code

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

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SEP 14 11:20
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ANN BLACK

at 850 893-4105

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**

VILLA CRISTINA, 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 _____ and assigned
Florida document number L01000021652

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)

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>
MGR	PEARCE, JENNIFER N	2020 West Pensacola Street	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Tallahassee, FL 32304	<input type="checkbox"/> Change
MGR	CHRISTINE LEONI	2020 West Pensacola Street	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		Tallahassee, FL 32304	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 SEP 14 PM 1:20
TALLAHASSEE
OFFICE OF THE
CLERK OF THE
COURT
JENNIFER N. PEARCE
CHRISTINE LEONI

APPROVED
FILED

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

SECRET
ITALIANO
FLOOR

SEC. 10-10-10
TALLAHASSEE
FLORIDA

16 SEP 14 PM 1:20

44

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 September 13, 2016

Christine S. Levari

Signature of a member or authorized representative of a member

CHRISTINE LEONI

Typed or printed name of signee