L02000016455

(Requ	iestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)	1
Certified Copies	Certificate	s of Status
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J. HARRIS

COVER LETTER

Di	vision of Corpo	orations		
SUBJECT		Street 1, LLC		
		Name of Limit	ed Liability Company	
The enclose	ed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please retui	n all correspond	lence concerning this matter to	o the following:	
		Marilyn Hurst		
			Name of Person	
		United Properties		
			Firm/Company	
		112 Ringwood Road		
			Address	····
		Bryn Mawr, PA 19010		
			City/State and Zip Code	
		hhursthome@aol.com		
		E-mail address: (to	be used for future annual repor	t notification)
For further	information con	cerning this matter, please cal	l:	
Marilyn H	ırst		610 457-039	94
	Name of P	erson	at () Area Code D	aytime 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:

TO: Registration Section

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

3815 SW 16th Street 1, LLC				
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on ou mited Liability Company)	r records.		
The Articles of Organization for this Limited Liability Con	npany were filed on 6/27/2002	a	nd assi	gned
Florida document number L02000016455				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
Villa de Palms, LLC				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbrevia	tion "L.I	C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>			
			V H	
	 		~	
Enter new mailing address, if applicable:				
5	· ·		3	195
Mailing address MAY BE A POST OFFICE BOX)			.	
			C)	
			٠,	-E
 If amending the registered agent and/or register registered agent and/or the new registered office addres 		records, enter the 1	name (of the 1
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	eet 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>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
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ective date, if other than the d	late of filing: be specific and cannot be prior to date of filing or more than 90	(optional)
ote: If the date inserted in this block	ck does not meet the applicable statutory filing requirer partment of State's records.	nents, this date will not be listed a
·	effective date, but not an effective time, at	12:01 a.m. on the earlier
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record specifies a delayed The 90th day after the record ted November 9	rd is filed. , 2016 Signature of a member or authorized representative of a member of a	per 📆