

L02000029151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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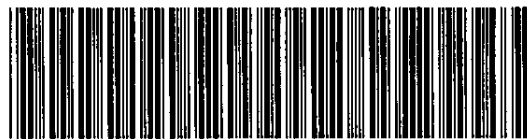
(Business Entity Name)

(Document Number)

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J. Stivers MAR 11 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Villazzo, 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:

Jarret Kaplan

Name of Person

Villazzo, LLC

Firm/Company

81 Washington Ave Suite #300

Address

Miami Beach, FL 33139

City/State and Zip Code

no change

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

For further information concerning this matter, please call:

Jarret Kaplan

Name of Person

786 888-4550

at (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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Bram Portnoy	5711 SW 32nd Ter	☐ Add
		Fort Lauderdale, FL 33312	☒ Remove
MGR	Zachary Finn	81 Washington Ave #300	☒ Add
		Miami Beach, FL 33139	☐ Remove
			☐ Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **March 6**, **2014**

Christian Jagodzinski

Signature of a member or authorized representative of a member

Christian Jagodzinski

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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