

LOS000033189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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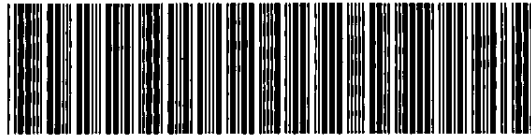
(Business Entity Name)

(Document Number)

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05/18/09--01015--011 **25.00

FILED
09 MAY 18 PM 1:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Guffey MAY 19 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Team Village Realty 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:

Leonara Reiff

Name of Person

Team Village Realty

Firm/Company

475 Commerce Lake Drive, Suite 1

Address

St Augustine, FL 32095

City/State and Zip Code

golf10@Bellsouth.net

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

For further information concerning this matter, please call:

Leonara Reiff

Name of Person

at 904 477-8299

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**

Team Village Realty, 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 4/5/05 and assigned Florida document number L05000033189

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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:

Arthur Niosi

New Registered Office Address:

608 Donald Ross Way

Enter Florida street address

St. Augustine
City

Florida

32092

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.

Arthur Niosi
If Changing Registered Agent, Signature of New Registered Agent

5/14/009

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

Title	Name	Address	Type of Action
MGR	Nes Smith, DIANA	475 Commerce Lake Dr. Suite 1 St. Augustine, FL 32095	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LEONARA Leonara Reiff	475 Commerce Lake Dr. Suite 1 St. Augustine, FL 32095	<input checked="" type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

- ① Change zip code for Address of Team Village Rlty, LLC
32095 is correct
- ② Correct spelling of DIANA NES Smith
(Has two S's) Ness Smith

Dated 5/14, 2009.

X Diana Nes Smith
Signature of a member or authorized representative of a member
DIANA Nes Smith
Typed or printed name of signee

FILED
09 MAY 18 PM 5:51
STATE OF FLORIDA
CLERK OF THE COURT
JANUARY 18, 2010