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COVER LETTER

TO: Registration Se Division of Cor				
	STA VILLAS, L.L.C			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CARL GLASER			
		Name of Person		
BELLA VISTA VILLAS, L.L.C				
		Firm/Company		
	30 INLET VIEW PATH			
		Address	3	
	EAST MORICHES, NY 1	1940		
City/State and Zip Code CDGLASER@OPTONLINE.NET			· · · · · · · · · · · · · · · · · · ·	
	E-mail address: (to be used for future annual rep	ort notification)	
For further information of	concerning this matter, please c	all:	 ।	
CARL GLASER		631 278-2	981	
Name (of Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	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

A VILLAS, L.L.C	
pany as it now appears on our records.) d Liability Company)	· · · · · · · · · · · · · · · · · · ·
ny were filed on AUGUST 16, 2005	and assigned
ability company here:	
ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
	· · ·
	G 1
	the name of the ne
Enter Florida street address	

Florida City	Zip Code
	ability Company) ability company here: ability Company here: ability Company," the designation "LLC" or the all office address on our records, enterere: Enter Florida street address

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
MGMR	ANTHONY DIFEDE	15 CARLETON AVE. EAST ISLIP, NY 11730	= Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add ;
			□ Remove
			Change
			□ Remove
			□ Change
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

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	:1
	
SEPTEMBER 25 ective date, if other than the date of filing:	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable summent's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.0 statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
red SEPTEMBER 25, 2019	
/////	

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Typed or printed name of signee

Filing Fee: \$25.00