

LD600054284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APR 11 2017

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VILLA TERRACE Living, 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:

DENNIS R. BEDARD  
Name of Person

Firm/Company

1717 N. BAYSHORE DR. #215  
Address

MIAMI FLORIDA 33134  
City/State and Zip Code

DENNIS BEDARD @MAC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS BEDARD at ( 305 ) 606 6865  
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

VILLA TERRACE LIVING LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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

Title	Name	Address	Type of Action
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MGRM	STEPHEN L WHITE	1335 KINGSLEY AVE	<input type="checkbox"/> Add
		UNIT 503	<input checked="" type="checkbox"/> Remove
		ORANGE PARK FL 32067	<input type="checkbox"/> Change

MGRM	BELLA HEIFETZ	3885 AMALFI DR	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGRM	DANIEL SHULBERG	1717 N. BAYSHORE DR #215	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

17 APR 13 PM 4:18  
COURT CLERK

**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 4/5 2017.



Signature of a member or authorized representative of a member

Daniel Shulberg

Typed or printed name of signee