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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Co			
SUBJECT: Villa4les	ss LLC		
		nited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are su	brnitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
	Tara Veilleux		
		(Name of Person)	
		(Firm/Company)	
	PO Box 28	(Address)	
		(Address)	
	Loughman, FL 338	(City/State and Zip Code)	
For further information of	concerning this matter, please of	call:	
Tara Veilleux (Name of Person)		at (407) 433-6988 (Area Code & Daytime T	Alachara Marahan
(name	or reisally	(Alea Code & Dayume 1	elepione rumber)
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAYI	INC ADDDESS.	CTDEET/COUDIED	ADDDECC.

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

(Name of the Limiter	Liability Company as it now ap A Florida Limited Liability Company	pears on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	June 29, 2007 and assigned	
Florida document number <u>L0700068566</u>	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the new	
Name of New Registered Agent:	Tara Veilleux		
New Registered Office Address:	126 Rosso Dr		
	(Enter Florida street address)		
	Davenport	, Florida <u>33837</u>	
	(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 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.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	Tara Veilleux	126 Rosso Dr Davenport, FL 33837	Add Remove
MGRM	Luis Vicente	5136 Cape Hatteras Dr Clermont, FL 34714	Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
		ange(s) here: (Attach additional sheets, if neces.	- 7
		uments are incorrect: correct info below	<u> </u>
Pi	hysical Address is 126 Rosso Dr	Davenport, FL 33837	
<u>M</u> :	ailing Address is PO Box 28 Lou	ghman, FL 33858	
<u>Ma</u>	atthew Montalvo should not be li	sted anywhere.	
Ta	ara Veilleux is Treasurer as well	as Manager.	
Dated Janu	uary 14 <u>, 20</u>	08	
	Signature of a mem	ber or authorized representative of a member	2008 JAN 16 SECRETARY
	Tara Veilleux	ped or printed name of signee	A S S S S S S S S S S S S S S S S S S S
	Typ	Page 2 of 2	
		Filing Fee: \$25.00	STA C