

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 952-8600
Fax Number : (323) 952-3889

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VILLA4LESS.COM LLC

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S. HAWKES

MAR 19 2010

EXAMINER 3/17/2010

FAX COVER SHEET

| | |
|------------|-------------------------|
| TO | |
| COMPANY | |
| FAX NUMBER | 18506176383 |
| FROM | Tony Burroughs |
| DATE | 2010-03-17 17:29:18 PDT |
| RE | FL SOS |

COVER MESSAGE

Tony Burroughs | Special Filings Specialist Business Special Filing 323.962.8600 x862 |
Fax 323.337.0742| tburroughs@legalzoom.comwww.legalzoom.com | 7083 Hollywood
Blvd., Suite 180, Los Angeles, CA 90028

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To: Tony Burroughs
Subject:

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03/08/10 12:08PM PST

Onebox

TO:13239624521 Pg 3/5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VILLA4LESS.COM 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:

Tony Burroughs

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Suite 180

(Address)

Los Angeles, CA 90028

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs

(Name of Person)

at (323) 962-8600

(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

03/08/10 12:08PM PST

Onebox

TO:13239624521 Pg 4/5

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VILLA4LESS.COM 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 02/19/2010 and assigned

Florida document number L10000018996

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 "LLC."

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: _____

New Registered Office Address: _____

(Enter Florida street address)

_____, Florida _____
(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)

03/08/10 12:08PM PST

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TO:13239624521 Pg 5/5

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|---|--|
| MGRM | HENRY FERRIER | 5136 CAPE HATTERAS DRIVE CLERMONT FL 34714 | <input type="checkbox"/> Add <input checked="" 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 |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Article II. The street address of the principle office and the mailing address
of the LLC shall be: 111 Grinnell Place, Celebration FL. 34747

Dated: 3/8/10 2010


Signature of a member or authorized representative of a member

Luis Vicente, managing member

Typed or printed name of signor