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APR 14 2010

**EXAMINER** 



300175371733

04/12/10--01070--025 \*\*25.00

## **COVER LETTER**

TO:	Registration So Division of Co			
SUBJI	ECT:	Villa Dire	ect Realty, LLC	
			ted Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
Joseph La Rosa				
			Name of Person	
		Vi	illa Direct Realty, LLC	
			Firm/Company	
	1			
			Celebration Blvd, Suite 100  Address	
		_		
			Celebration, FI 34747  City/State and Zip Code	
		ioel	arosa@casalatino.com	•
		fication)		
For fu	ther information of	concerning this matter, please c	all:	
	.los	seph La Rosa	at ( 321 )	939-1475
-		of Person	Area Code & Daytin	ne Telephone Number
		he following amount:		
<b>√</b> ] \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)
	Regist	JING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo	on

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V	illa Direct F	Realty, LLC				
(Name of the Limited L (A F	iability Compa lorida Limited I	ny as it now appear Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Lial	were filed on	03/19/2010	_ and assig	and assigned		
Florida document numberL100000306						
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa	ny," the designation "LLC	C" or the ab	breviation	
Enter new principal offices address, if applicable:		Joseph La Rosa				
(Principal office address MUST BE A STREET ADDRESS		1420 Celebration Blvd. Suite 100				
		Celebration, FI 34747			۸IO	
				0 APR	38	
Enter new mailing address, if applicable:	Joseph La Rosa			2£ €		
(Mailing address MAY BE A POST OFFICE B	1420 Celebra	ition Blvd. Suite 100	2	022		
	Celebration, Fl 34747					
				ယ့	0 47 T	
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered of ce address her	ffice address on o	our records, <u>enter the</u>	name of	the new	
Name of New Registered Agent:	Joseph La I	Rosa				
New Registered Office Address:	1420 Celebration Blvd. Suite 100					
	Enter Florida street address					
	C	Celebration	, Florida	34747		
	City			Zip Code	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

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** <u>Name</u> <u>Address</u> Type of Action MGRM Joseph La Rosa ₩-1420 Celebration Blvd. Suite 100 ✓ Add Celebration, FI 34747 Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a prember or authorized representative of a member

2010

April 9th

Dated \_\_\_\_\_

Joseph La Rosa

Typed or printed name of signee

Page 2 of 2 Filing Fee: \$25.00