

L10000067977

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG -9 PM 12:45

FILED

C. LEWIS

AUG 10 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DE LA VISTA VILLA, 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:

KIMBERLI SZAKACS

Name of Person

Firm/Company

1309 BANDO LANE

Address

THE VILLAGES, FL 32162

City/State and Zip Code

SCRAPIRON15@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAYLE STINSON

Name of Person

at (**352**)

217-0739

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 AUG -9 PM 4:46

DE LA VISTA VILLA, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 25, 2010 and assigned
Florida document number L10000067977

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1309 BANDO LANE

THE VILLAGES, FL

32162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1309 BANDO LANE

THE VILLAGES, FL

32162

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:

KIMBERLI SZAKACS

New Registered Office Address:

1309 BANDO LANE

Enter Florida street address

THE VILLAGES

Florida

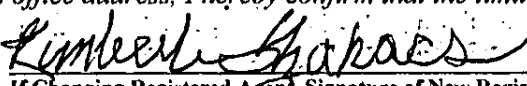
32162

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.


Kimberli Szakacs
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

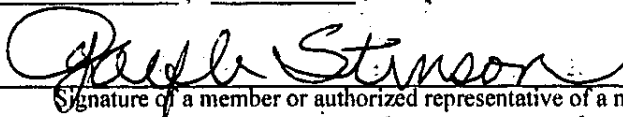
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>GAYLE STINSON</u>	<u>1309 BANDO LANE</u> <u>THE VILLAGES, FL 32162</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>D. ROBERT HAMON</u>	<u>7522 NORTHWOODS DRIVE</u> <u>SUGARLAND, TX 77479</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>JAMES B. HAMON</u>	<u>545 MANNS HARBOR DRIVE</u> <u>APOLLO BEACH, FL 33572</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>KIMBERLI SZAKACS</u>	<u>17309 73 DR NE</u> <u>ARLINGTON, WA 98223</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

I AMENDED THE ADDRESS OF JAMES B. HAMON TO REFLECT A NEW

STREET # OF 545 (NOT 420)

Dated AUGUST 6, 2010


Signature of a member or authorized representative of a member.

GAYLE STINSON

Typed or printed name of signee.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG - 9 PM 4:56

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