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D. BRUCE
MAR 1 5 2011
EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	~т. \	/ILLA PALMS PROF	PERTY INVESTME	NT LLC		
		Name of Limi	ted Liability Company			
		Amendment and fee(s) are sub	-			
			WALID PETRUS			
			Name of Person			
		VILLA PALMS	PROPERTY INVEST	MENT LLC		
Firm/Company						
16512 TURNBURY OA			12 TURNBURY OAK D	R		
Address						
ODESSA, FL 33556						
			City/State and Zip Code			
		W E-mail address (HERTIZ@AOL.COM to be used for future annual report	t notification)		7
For first	her information o	e-mail address: ()	•	i nouncation)	MAR 14 PA	_
1011414	ner information e	onoching and matter, pieuse e			me and the	r
	WA	LID PETRUS	at (_813)	7666937		
	Name o	f Person	Area Code & D	aytime Telephone Number	STATE FLORIDA	
Enclose	d is a check for t	he following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status		S55.00 Filing Fee & S60.00 Filing Certified Copy Certificate o (additional copy is enclosed) Certified Co (additional co		f Status &		
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Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLA PALMS PROPERTY INVESTMENT LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our record liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL11000009338	were filed onJanuary 24, 2	2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."		
Enter new principal offices address, if applicable:	16512 TURNBURY OAK I	
(Principal office address MUST BE A STREET ADDRESS)	ODESSA, FL 33556	SEX Y
		Ter B
		STATE STATE
Enter new mailing address, if applicable:		RIDA RIDA
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· •	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	at addrass
	Ela-i	da

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>Address</u> **Type of Action** <u>Name</u> DALPE MANAGEMENT LL MGRM 16512 TURNBURY OAK DR Remove ODESSA FL 33556 WALID PETRUS MGRM 16512 TURNBURY OAK DR √ Add ☐ Remove ODESSA FL 33556 ☐ Add ☐ Remove □ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE CHANGE Principal Address **FROM** 13801,13811,13911 N 19TH STREET TAMPA, FL 33613 TO 16512 TURNBURY OAK DR ODESSA ,FL 33556 2011 Dated Signature of a member or authorized representative of a member WALID PETRUS Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00