L11000067986

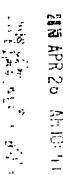
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700328262507

04/28/19--01022--015 **30.00





COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUDJECT.	Villa Granada LLC		
SUBJECT:	Name of Limited Liability Company		
	Articles of Amendment and fee(s) are submall correspondence concerning this matter to		
	BEKERIS, MARIADELA PA	Z	
	Villa Granada LLC	Name of Person	
	3500 Torre Molinos Avenue	Firm/Company	<u></u>
	Doral, Florida 33178	Address	
	Bekeris@msn.com	City/State and Zip Code	
For further in	E-mail address: (to formation concerning this matter, please cal	be used for future annual report notifi	cation)
	MARIADELA PAZ	610 996 2173	
	Name of Person	at ()	Telephone Number
Enclosed is a ☐ \$25.00 F	check for the following amount: iling 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	STREET/COURIE Registration Section	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Villa Granada 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 06/09/2011 Florida document number L11000067986 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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 11 Sleepy Hollow Dr Enter new mailing address, if applicable: Newtown Square, PA 19073 (Mailing address MAY BE A POST OFFICE BOX) 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: BEKERIS, MARIADELA PAZ Name of New Registered Agent: 3500 Torre Molinos Avenue New Registered Office Address: Enter Florida street address

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 605, 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

Doral

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	PAZ, MIGUEL SR	3500 Torre Molinos Avenue	
		Doral, Ft. 33178	
			Remove
	DAZ DOBIS	3500 Torre Molinos Avenue	Change
MGRM	PAZ, DORIS	3500 Torre Molinos Avenue	
			□ Add
			_ Remove
			Сһалде
140014	BEKERIS, MARIADELA P	3500 Torre Molinos Avenue	
MGRM			(Add)
		Doral, FL 33178	
			Remove
			Change
MGRM	BEKERIS, LEONAS G	11 Sleepy Hollow Dr	\sim
		Newtown Square, PA 19073	(■ Add)
		Newtown Square, FA 19073	5 .0
			□ Remove
			Change
			_
			□ Remove
			Change
			
			
			Remove
			Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	<u> </u>
_	
_	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	
-	
_	
_	
_	
r recept	04/05/2019 ve date, if other than the date of filing: (optional)
(If an eff Note:	cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	04/23/2019
	Harman Signature of a member or authorized representative of a member
	Mariadela Paz Bekeris
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00