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SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Sec Division of Corp					
	n.com	VILLA LA ESP	ERANZA III, LLC			
SUBJ	ECT:	Name of Limi	ited Liability Compan	<u> </u>		
The e	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
			BENJAMIN A. SV	VIFT		
			Name of Person			
			WIFT & LABOVIT	Z, PLLC		
			Firm/Company			
1211			I N. ORANGE AVE	NUE SUITE 103		
WIN			Address			
			INTER PARK, FL	32789		
			City/State and Zip (
			@SWIFTLEGALF	COM mual report notification		
For fu	orther information co	ncerning this matter, please or		inda teporenomeanoa,	•	
	BENJAMIN A	-	407 at (636 - 8888		
	Name of	Person	Area Code	Daytime Telepl	none Number	
Enclo	sed is a check for the	e following amount:				
∃ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cor (additional copy	\$∕	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		NG ADDRESS:		 EET/COURIER AI	DDRESS:	
		ition Section n of Corporations		istration Section ision of Corporations		
	P.O. Bo	x 6327	Clif	ton Building		
	Tallahas	ssee, FL 32314		Executive Center Ci	rele	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLA LA ESPERANZA	III, LLC			
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	t now appears on our records.)			
The Articles of Organization for this Limited Liability Company were Florida document numberL11000100595				
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 Co	inpany," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	8814 SLEEPY CREEK CT., TAMPA, FL 33634			
(Principal office address MUST BE A STREET ADDRESS)	18 LL			
Enter new mailing address, if applicable:	AR - 7 PH 7			
(Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————	27 OF			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new			
Name of New Registered Agent:	DEIBY R. JACINTO-CONSUEGRA			
New Registered Office Address:	8814 SLEEPY CREEK CT. Enter Florida street address			
Та	22/24			
	Florida 33034 City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfacept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office add company has been notified in writing of this change.	ormance of my duties, and I am familiar with and ded for in Chapter 605, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

$\overrightarrow{I}G\overrightarrow{R} = N$ $\overrightarrow{M}B\overrightarrow{R} = A$	lanager Authorized Member		
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
1GRM	MARISOL VITAL		Add
			■ Remove
			☐ Change
GRM	DEIBY R. JACINTO-CONSUEG RA		
			☐ Remove
			Change
			Remove
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	02/15/18			
ctive date, if other than the da effective date is listed, the date must be	ite of filing:	to date of filing or mor	 (option e than 90 days after fil	al) ing.) Pursuant to 605.0
: If the date inserted in this blockment's effective date on the Department.	c does not meet the applic	able statutory filing	requirements, this d	ate will not be listed
ecord specifies a delayed e e 90th day after the record		t an effective tir	ne, at 12:01 a.r	n. on the earlier
d February 15,	2018	<u>-</u> 0		
<u></u>	gnature of a member or auth	orized representative of	f a member	
MARISOL VITAL	gradure of a member of auti	onzed representative o	i a memoei	
		ed name of signee		

Page 3 of 3

Filing Fee: \$25,00