# L11000137211

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#### COVER LETTER'

TO:

Registration Section
Division of Corporations

SUBJECT

/ILLAGES 12 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:

Name of Person

## CAVACHE PROPERTIES LLC

Firm/Company

## 280 NW 12TH AVENUE

Address

# POMPANO BEACH/FL 33069

City/State and Zip Code

#### ACCOUNTING@CAVACHE.COM

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

For further information concerning this matter, please call:

# ADAM ADACHE

954 568-0007

Name of Person

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**

#### **VILLAGES 12 LLC**

AKI	TO	ak.
A DTI	CLES OF ORGANIZATION	
ARII	OF	La Che Son Comments
	Or	
VILLAGES 12 LLC		
	Liability Company as it now appears on	our records)
(A	Liability Company as it now appears on Florida Limited Liability Company)	Aug C
	12/06	/2011
The Articles of Organization for this Limited Li	lability Company were filed on 12/00	and assigned
Florida document number L1100013721	<u>l</u>	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
SB VILLAS LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter your mailing address, if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/ registered agent and/or the new registered of		records, enter the name of the new
registered agent and/or the new registered or	nice address nere.	
Name of New Registered Agent:	CAVACHE PROPERTIES	S LLC
New Registered Office Address:	280 NW 12TH AVENUE	
tie it taget an other transpos.	Enter I	Florida street address
	POMPANO BEACH	, Florida 33069
	City	Zip Code
New Registered Agent's Signature, if changing I	·	•

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, If 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 = Mana MGRM = Ma	nger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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JANUARY 22	
	iller HMA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00