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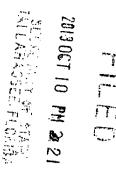
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUD IFCT.

VA Gardens 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:

Georgina De Almagro

Name of Person

VA Gardens LLC

Firm/Company

8415 SW 163rd Terrace

Address

Miami, FL 33157

City/State and Zip Code

gdealmagro@hntb.com

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

For further information concerning this matter, please call:

Georgina De Almagro

305₃562-0111

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

VA GARDENS LLC			
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our recon ida Limited Liability Company)	<u>rds.</u>)	
The Articles of Organization for this Limited Liabili Florida document number L12000063310	ity Company were filed on <u>05/10/2012</u> .	and assigned	
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	:	N 3 7	
(Principal office address MUST BE A STREET A	DDRESS)	O press	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flo	rida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Eusebio Reyes 5959 W 12 Lane **MGRM** Hialeah, FL 33012 Maria Reyes 5959 W 12 Lane MGRM Hialeah, FL 33012 Remove Remove Remove

. If amending any other in	information, enter change(s) here: (Attach additional sheets, if necessary.)
October 3	2013
Dated October 3	erani de Alimia
Georgina	Signature of a member or authorized representative of a member De Almagro
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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