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| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2012

BRAM PORTNOY VILLAZZO REALTY 81 WASHINGTON AVE, SUITE 300 MIAMI BEACH, FL 33139

SUBJECT: VILLAZZO REALTY LLC Ref. Number: L12000065509

We have received your document for VILLAZZO REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner Senior Section Administrator

Letter Number: 012A00025501

Rystata Sector.

COVER LETTER

| TO: | Registration Section Division of Corporations |
|--|---|
| SUBJI | Uillazzo Realty |
| | Name of Limited Liability Company |
| The en | aclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | BRAM PORTNOY Name of Person |
| | VillA220 Realty Firm/Company |
| | 81 WASHINGTON AUR, Suite 300 Address |
| | MIAMI Beach, FL 33139 City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For fu | rther information concerning this matter, please call: |
| | BRAM PORTNOY at (720) 989 4686 Name of Person Area Code & Daytime Telephone Number |
| Enclos | sed is a check for the following amount: |
| \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{ | 5.00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S60.00 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 ed 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 Florida document number 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: 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 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 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>Name</u> | <u>Address</u> | Type of Action |
|------------|--------------------------------------|--|----------------|
| Mer | CARLOS JUST | BI WASHINGTON AVE Suite # 300 MIAMI REACH, FL, 3313° | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
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| D. If amen | ding any other information, enter cl | hange(s) here: (Attach additional sheets, if necessary.) | _ |
| _ | | | |
| | oct. 7th | 2012. | |
| Dated | | ember or authorized representative of a member | |
| | CHELETT | | |

Page 2 of 2

Filing Fee: \$25.00