

L12000071652

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000006978 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GUZMAN & GUZMAN, P.A.
Account Number : I20080000090
Phone : (305) 670-1991
Fax Number : (305) 670-1993

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

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15 JAN -9 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VILLAANGOSTURA LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$25.00).

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN -9 AM 8:02

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLAANGOSTURA LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

FILED 15 JAN -9 AM 8:02 SECRETARY OF STATE TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/29/2012 and assigned Florida document number L12000071652

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)

Three horizontal lines for entering the principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Three horizontal lines for entering the mailing address.

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:

Horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Horizontal line for entering the new registered office address.

Enter Florida street address

Horizontal line for entering the city and zip code, with "Florida" in the middle.

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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	S&A. Company Management LLC	2875 NE 191ST STREET, SUITE 801	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove

MGR	ROSA MARILIN PEREZ	16699 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		APT 2406	<input type="checkbox"/> Remove
		SUNNY ISLES BEACH FL, 33160	

			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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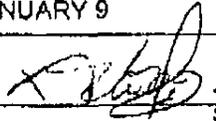
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 9, 2015



Signature of a member or authorized representative of a member

ROSA MARILIN PEREZ

Typed or printed name of signee

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