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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT.

# BARONS LAS VILLAS 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:

Byron B. Howell, Esq.

Name of Person

Byron B. Howell, P.A.

Firm/Company

10750 Ayrshire Drive

Address

Tampa, FL 33626

City/State and Zip Code

bbhowell@bbhowellpa.com

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

For further information concerning this matter, please call:

Byron B. Howell, Esq.

*..,*813,205-6314

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

## **BARONS LAS VILLAS LLC**

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

(A Florida Limited Liability Company)

(A Florida Limited Liability C	Company)	
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L12000142498</u> .	ed on 11/9/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	ipany here:	
The new name must be distinguishable and end with the words "Limited Liabil "L.L.C."	lity Company," the designation "LL	C" or the abbreviatio
Enter new principal offices address, if applicable:	1	~ ~
(Principal office address MUST BE A STREET ADDRESS)	; 	
Enter new mailing address, if applicable:	; ; ; ; ;	co !
(Mailing address MAY BE A POST OFFICE BOX)		(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:  Name of New Registered Agent:	iress on our records, <u>enter th</u>	e name of the nev
New Registered Office Address:		
	Enter Florida street addre	ess.
<u></u>	, Florida	
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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action Title** Name 1 **Address** Hutchins Drive P.O. Box 2681 **MGRM** BARONS INVESTMENT LTD Grand Cayman Islands, NA KY 1-1-11GC Remove Trinh, Le Phuong 2901 W. Busch Blvd. MGR Suite 901, Tampa, FL 33618 Remove

Add
Remove

Remove

D. ļf	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
Dated	November 7 2013
	Benn Hill
	Signature of a member or authorized representative of a member
	Byron B. Howell, Esq., Florida Attorney and Authorized Agent for Barons Investment LTD
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00