L13000162472

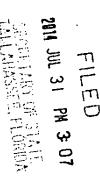
(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		





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. COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VILLA "L", 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:

NANDA VISSCHER

Name of Person

ALLURE ACCOUNTING, INC.

Firm/Company

3665 BONITA BEACH RD, STE1/3

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

NVISSCHER@ALLURETAX.COM

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

For further information concerning this matter, please call:

NANDA VISSCHER

,,,239,,9923355

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



July 23, 2014

MARENA LOEFFLER ALLURE ACCOUNTING, INC. 3665 BONITA BEACH ROAD, SUITE 1-3 BONITA SPRINGS, FL 34134

SUBJECT: VILLA "L", LLC Ref. Number: L13000162972

We have received your document for VILLA "L", LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 514A00015790

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 JUL 31 PH 3: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

VILLA "L", LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/20/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	444	
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.		s, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida street addres	
		orida
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action Address Title** <u>Name</u> **SONNENSCHEIN 54** MGR KANELLOPOULOS, GEORGE ☐ Add **SOLINGEN 42719 DE ■** Remove _□ Add □ Remove □ Add _□ Remove □ Add _□ Remove _ Add ☐ Remove _ Add

L,	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
1	Chective date, if other than the date of filing:		
	Dated JULY 25 . 2014 .		
	Signature of a member or authorized representative of a member MARION LUCHTENBERG		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

