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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Villa Marquesa / 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:
Migvel Mirabal Name of Person
Villa Marquesa, LLC
27316 Cayman Lane
Ranrod Key FC 33042 City/State and Zip Code MMiraba 160 6/obe/Legal Miani. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Miguel Mivabal at (305) Name of Person at (305) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ 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

(Name of the Limited Liability Company	LLC v as it now appears on our records)	
(Name of the Limited Liability Company (A Florida Limited Lia	ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 04/17/20	2/4 and assigned
Florida document number <u>L/400063266</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain 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:		F3 - 4
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter	the name of the new
and the new regarded office dudied field.		
Name of New Registered Agent:		Ş. 5
New Registered Office Address:	Enter Florida street address	
	F1	
	, Florida	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 a	gree to comply with the
provisions of all statutes relative to the proper and complete pe	erformance of my duties, and I am	familiar with and
accept the obligations of my position as registered agent as pro	ovidea for in Chapter 605, F.S. Oi	r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	Margarita Sez	nra Mirabal 2655 Le Je	une Road - Add
		Suite 410	Remove
		Suite 410 Coral Gables,	FL 33/34 🗆 Change
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ffective date, if othe	er than the date (71 tilling:	1/20/	17	(optional)		
an effective date is listed of the inser	ed in this block do	es not meet the	applicable statute	ing or more than 90 da ry filing requireme	ays after filing.) nts, this date v	Pursuant to 603 vill not be list	5.0207 (: ted as th
ocument's effective d	ate on the Departm	ent of State's re	ecords.				
e record specifies	a delayed effe	ctive date, b	ut not an effe	ctive time, at 13	2:01 a.m. c	n the earli	er of:
The 90th day aft	er the record is	filed.					
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			or authorized repres	_//)			
	∠ Signat	ure of a member	or audiorized repres	entive of a member			

Page 3 of 3

Filing Fee: \$25.00