L140000 78577

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SECRETANY CONTRACTOR

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COVER LETTER

TO: Registration Sec Division of Corp			
	nity Trust LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Charles Tokarz		
	 	Name of Person	
	Sarasota Equity Trust LLC		
	, · ·	Firm/Company	
	1651 Whitfield Avenue, Si	uite 200	
	-	Address	
	Sarasota, Fl. 34243		
		City/State and Zip Code	
	charliet@medallionhome.co	om to be used for future annual report no	attherina)
For further information co	ncerning this matter, please ca	-	ouncariou)
	neering this matter, prease ea	941 302-3020	
Charles Tokarz			ime Telephone Number
Name of	Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6322 Tallahassee. F	ection orporations	Street Address: Registration S Division of Co The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarasota Equity Trust LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it nuw appears on our re Liability Company)	cords.)
he Articles of Organization for this Limited Liability Company	were filed on 5/14/2014	and assigned
lorida document number L14000078577		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
Villis Road Land Investment Company LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2019 17.A.L.1
		- 温 品 71
nter new mailing address, if applicable:		Service N
Agiling address MAY BE A POST OFFICE BOX)		= = -
		(2) (2)
		Ş⇔ u
If amending the registered agent and/or registered office ; gent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		. <u>.</u>
	Enter Florida street ad	ldress
		. 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□ Add
			☐ Change
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	t
	Charles The
	Signature of a member or authorized representative of a member
	arguadite of a memoer of audiorized remember

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Filing Fee: \$25.00