114000091601

(Re	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900278594399

10/29/15--01004--007 **25.00

2015 OCT 29 PM 6: 03

K.SALY EXAMINER NOV -2 2015

COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT: VILL	A CAS AMERICA LLC
	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	SERGIO HESTA Name of Person
•	Name of Person
	VILLA CAFE AMERICA LLC Firm/Company
	1745 AVENDA DEL SOL
	Address
	Address Bock RATEN FL 33432 City/State and Zip Code SERGO. HOATH C VILLACHE. US E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
-	SERGIO. HORTA @ VILLACATE. US
5	
For further information conc	erning this matter, please call:
SERGIO HOR	rson at (561) 465-2823 Area Code Daytime Telephone Number
Name of Pe	rson Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILE	
10007 20	
TALLAHASSEE, FLO	6:03
MASSEE, FLO	ATT:

VILLA CAFE

lability Company as it now appears on our records.)
Torida Limited Liability Company)

	ity Company were filed on June 69, 2014 and assigned
Florida document number <u>L1400009160</u>	<u>1</u>
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability 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 AL	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	RICHARD CHOSID
New Registered Office Address:	RICHARD CHOSID 5550 GHADES ROAD, SUITE 200 Enter Florida street address
·	BOCA RATEN , Florida 33431 City Zip Code
New Registered Agent's Signature, if changing Regis	

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = At	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SERGIO HORTA	BOCA RATON, FL 33433	ib Add
		BOCA RATION, FL 33433	□ Remove
			Change
			Add
			□ Remove
		A Vi	Change
		· ·	Change Change Remove Remove
			Change
			□ Remove
		···································	Change
			Add
			Remove
			Change
			Add
	•		Remove
			Change

	-
	56
	72. 12.
	55 P.
	The state of the s
	<u> </u>
•	
	
fective date, if other than the date of fil	ing: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ote: If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the Department o	of State's records.
record specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is file	
. o	
ated 22 nd October	_, 2015_ .
_	

Page 3 of 3

Filing Fee: \$25.00