

L14000150455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286040089

05/24/16--01002--012 **25.00

FILED
16 NOV -1 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 23 PM 4:12
TALLAHASSEE, FLORIDA

NOV 04 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2016

OTONEIL CORONA VILLA
800 N FLAGLER AVE STE 4
HOMESTEAD, FL 33030

SUBJECT: VILLACOR MULTI-SERVICES, LLC
Ref. Number: L14000150455

We have received your document for VILLACOR MULTI-SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 816A00011096

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VILLACOR MULTI-SERVICE, 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:

DANAY REBOLTA

Name of Person

VILLACOR MULTI-SERVICES, LLC

Firm/Company

800 N FLAGLER AVE, STE 4

Address

HOMESTEAD, FL 33030

City/State and Zip Code

CORONA033084@GMAIL.COM

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

RECEIVED
2016 NOV - 1 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DANAY REBOLTA

305 245-8989

at ()

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

75

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

VILLACOR MULTI-SERVICE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/25/2014 and assigned
Florida document number L14000150455.

This amendment is submitted to amend the following:

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 ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ERIKA V. MADRIGAL DAVILA	18850 SW 308 ST, HOMESTEAD,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 NOV - 1 PM 4:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 NOV 1963
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 17 CFR 201.020-3(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MAY 20 2016

Signature of a member

Signature of a member or authorized representative of a member

OTONIEL CORONA VILLA

Typed or printed name of signee