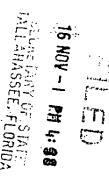
(Re	equestor's Name)	- ···
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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NOV 0 4 2016 Y SULKER



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.

Letter Number: 816A00011096

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

TO:		, ration Sec on of Corp							
GVID ID		LLACOR	MULTI-SERVICE, LLC						
SUBJEC	CT:		Name of Lim	ited Liability Company	,				
			amendment and fee(s) are sub	· ·					
			DANAY REBOLTA					~ =	
				Name of Person			SE	3116	75
	VILLACOR MULTI-SERVICES, LLC					F F	16 NOV -1	m	
				Firm/Company			ARY SSE	_	m
	•		800 N FLAGLER AVE, S	TE 4			The Control	3	ECEIVED
				Address			SE	PM 1: 17	Ċ,
			HOMESTEAD, FL 33030				DA A	لند	
			CORONA033084@GMAII E-mail address: (City/State and Zip C COM to be used for future an		cation)	•		
For furth	ner infor	mation co	ncerning this matter, please ca	all;					
DANAY	Z REBO	LTA		305	245-8989				
		Name of	Person .	Area Code	Daytime	Telephone Number			
Enclosed	l is a ch	eck for the	following amount:						
\$25.0	00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	C1 \$55.00 Filing F Certified Copy (additional copy i	у	□ \$60.00 Fil Certificat Certified (additional	te of Stat Copy	tus &	
		Registrate Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327). see, FL 32314	Regis Divis Clifto	EET/COURIE stration Section sion of Corporat on Building Executive Cent	tions			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLACOR MULTI-SERVICE, LLC						
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da 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 "Li	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADL	DRESS)					
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)						
	<u> </u>					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>ent</u>	er the name of the n				
egistered agent and or the new registered office au	uress nere.					
Name of New Registered Agent:		SS				
· ·		m ² 2 m				
New Registered Office Address:	Enter Florida street address	5				
		80.				
	City, 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>	Address	Type of Action
AMBR	ERIKA V. MADRIGAL DAVILA	18850 SW 308 ST, HOMESTEAD,	□ Add
			■ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
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			SSN G-Change
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active data if other than th	a data of filings			/		NON
ective date, if other than the effective date is listed, the date mi	ust be specific and cannot b	be prior to date of	filing or more tha	(optional n 90 days after filing	2) President	te 605.02
te: If the date inserted in this b	plock does not meet the	applicable stati	utory filing requ	irements, this date	will hot b	edisted
cument's effective date on the I	Department of State's re	ecords.				**
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record specifies a delaye	ed effective date, b	ut not an ef	fective time,	at 12:01 a.m.	of the	e es lier
he 90th day after the re-	cord is filed.				- -	
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ted	, 2016					
A	1					
	\mathcal{X}					
	Signature of a member of					

Page 3 of 3

Filing Fee: \$25.00