14000155190

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n BRUCE AUG 10 2018

COVER LETTER

TO:	Registration Sect Division of Corpo					
SUBJE	CT:	VILLA SECURITY Name of Lim	SELVICES U.C. ited Liability Company			
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspond	dence concerning this matter	to the following:			
		JOSE V	Name of Person			
		MUA EDUX	TTCLUAL AND FINA Firm/Company	NCTAL SERVICE	Z UC	
		1612 NW	2nd Ave Address		2018	5 00-
		Homester	City/State and Zip Code	لى ـ	AUG -3 PM	
For furt	ner information con	E-mail address: (cerning this matter, please ca	to be used for tisture annual report notil	lication) บ หมือ A	1 2: 42 STATE	
;	Jose Villa Name of P	freste erson	at (786) \$18 - C Area Code Daytime	1262 c Telephone Number	-	•
Enclose	l 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 Fe Certificate of St Certified Copy (additional copy is	tatus &	

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

VILLA SECURITY SER		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 10/6/14	and assigned
Florida document number <u>L14000155190</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
VILLA EDUCATIONAL AND FINAN	CTAL SELVICET LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		- E S
	 -	
		4 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
Enter new mailing address, if applicable:		m ··
(Mailing address MAY BE A POST OFFICE BOX)		
		08 12 2: 12
B. If amending the registered agent and/or registered of	office address on our records, er	-
registered agent and/or the new registered office address he		ree the mane of the nex
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	City	Zip Code
New Degistered Agent's Signature if shonging Degistered Agent	•	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			Change
			☐ Remove
			SD Charge
		 -	
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Effective date, if other than the date of filing: It an effective date is listed, the date must be specific and cannot be prior to date of filing or move than 90 days after filing. Pursuant to 605.0207 Note: The date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Provided a statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Provided a statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Provided a statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Provided a statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Provided a statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Provided a statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.			
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Mal As	Dated	201 of Till 2018	
Signature of a member or authorized representative of a member	Jaica	30 5- 3019	
Signature of a member or authorized representative of a member		Walatto	
		Signature of a member or authorized representative of a member	
		JUSE VILLATUERTE	

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Filing Fee: \$25.00