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(Ře	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: 'Registration Division of C			
VW Vill.	age LLC		•
30 B912C1,	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are subspondence concerning this matter	·	
	Harvey Vengroff		
		Name of Person	
		Firm/Company	
	8440 North Tamiami Trail		716 116
		Address	
	Sarasota, FL 34243		
	harveyv@vwinc.com	City/State and Zip Code	flication)
	E-mail address: (to be used for future annual report noti	fication)
For further information	n concerning this matter, please c	all:	•
Justin Russell		941 2252836 at ()	
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fo	r 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VW Village, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 6-8-2015	and assigned
Florida document number L15000099800		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Sarasota Station, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8440 North Tamiami Tra	il
Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34243	
		a
Enter new mailing address, if applicable:		CD spiritual
Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
		_, Florida Ziv Code
	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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□ Add
			□ Remove
			Add
			ERemove
			D'Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Add
			Remove
			Change

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fective date, if other than the date of filing:	(optional)
in effective date is listed, the date must be specific and cannot be prior to date of filing to the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will not be liste
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlie
2016	
ated August 1st 2016	
4/1/	
Signature of a member or authorized represe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00