## L15000 167146

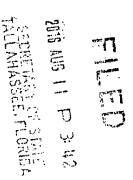
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	ision of Corp		,		
SUBJECT:	Golf Villas S	Square LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Indra Singh			
			Name of Person	<del>-</del>	
		Golf Villas Square LLC			
		<del></del> -	Firm/Company		
		3460 NW 50th Avenue #1	05		
		-	Address		
		Lauderdale Lakes, Fl 3331	3		
			City/State and Zip Code	<del></del>	
		indrasingh@bellsouth.net			Ą,
For further in	nformation con	E-mail address: ( ncerning this matter, please ca	to be used for future annual report notificall:	ACC 18	
Indra Singh			954 294 4537 at ( )		,
	Name of			Telephone Number:	j
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 <sup>7</sup> 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

Golf Villas Square LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.)	
(TT 1011d2 17AINES TABLE	my company)	
The Articles of Organization for this Limited Liability Company wer	re filed on 10/01/2015	and assigned
Florida document number L15000167146		
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 C	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 registered agent and/or the new registered office address here:	address on our records, e	nter the name of the new
Togetorea agent analysis into new Togetorea office address here.		艺。 2
Name of New Registered Agent:		22 2 71
	· ·	
New Registered Office Address:	Enter Florida street address	
	Emer Florida street address	
	, Florid	
No. D. Carrell Association (Charles of the Control	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		3.5

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
MGR	Indra Singh	3460 NW 50th Avenue #105	■ Add
		Lauderdale Lakes, FL 33319	Remove
			☐ Change
MGR	Ilana Morrow	3460 NW 50th Avenue #105	□ Add
		Lauderdale Lakes, FL 33319	■ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove Change
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			□ Remove
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			r.	•	
E. Effective date, if other than the date of filing:			(optiona	l)	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not mee					
document's effective date on the Department of Stat		manufory ming rec	anomono, ma da		n be nated a
If the record specifies a delayed effective dat (b) The 90th day after the record is filed.	e, but not an	effective time	, at 12:01 a.m	. on the	e earlier o
August 10	2016				
Dated,					
	1	1 1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00