Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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From:	Account Name : PAUL SALVER, P.7 Account Number : I20020000087 Phone : (934)389-1333 Fax Number : (934)399-1397	OF STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VILLA CASTELLI, LLC

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OCT 2 7 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLA CASTELLI, LLÇ	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	uppears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L15000178661	on 10/20/15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	iny bere:
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)	
	ARY O
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ss on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address: Ent	ter Florida street address
	. Florida
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

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title Type of Action <u>Name</u> <u>Address</u> _D Add _□ Remove _□ Change _□ ∧44 □ Remove M C Memove DbA 🗆 □ Remove ☐ Change ☐ Remove ☐ Change □ Add _□ Remove □ Change

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