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N. MILLIGAN EXAMINER

SEP - 6

Later Garage

COVER LETTER

TO:	Registration Sec Division of Corp			
CT ID I	VILLAKEY			
SUBJ	ECT:		ted Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		RAY PRINCIOTTA		
			Name of Person	
		VILLAKEY, LLC		
			Firm/Company	
		8325 NE 2nd AVENUE - S	SUITE 110	
			Address	
		MIAMI, FL 33138		
			City/State and Zip Code	
		rayprinciotta@gmail.com		
		E-mail address: (t	o be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	ıll:	
RAY	PRINCIOTTA		305 494-4101	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	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:

TO:

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 ARTICLES OF ORGANIZATION **OF**

VILLAKEY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/22/2015 Florida document number _ L15000211943

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 Company	y," 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 addr	ess on our records, enter the name of the

<u>new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

City

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

Zip Code

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>	<u>Address</u>	Type of Action
MGR	RAY PRINCIOTTA		🗖 Add
			☐ Remove
			☐ Change
MGR	MAX PRINCIOTTA		Add
			□ Remove
			■ Change
MGR	ALICE HORN	1900 N. BAYSHORE DR #2204	Add
		MIAMI, FL 33132	Remove
,			Change
			Add
			□ Remove
			☐ Add Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

f amending any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)
	
	
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07/01/0016	
Offective date, if other than the date of filing: Official of the date of filing: Official of the date of filing of the date of filing or more than 90 days after the date of filing or more than 90 days after days.	tional)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	
locument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01	a m on the earlier o
The 90th day after the record is filed.	· · · · · · · · · · · · · · · · · · ·
	30 2
Pated 8 31 16.	SEP
S.S	6
Signature of a member or authorized representative of a member	70 TO 10
RAY PRINCIOTTA	
Typed or printed name of signee	

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Filing Fee: \$25.00