# 11600026811

(Re	equestor's Name)	
(Ad	ddress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	<del></del>
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## **COVER LETTER**

-	Village HC LI	LC	
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Article	es of Amendment and fee(s) are subm	itted for filing.	
Please return all corr	respondence concerning this matter to	the following:	
	Indravado	Name of Person	
		C, LLC Firm/Company	
	770 And	erson Orice	
	_ Ormand	Black, FC 32 City/State and Zip Code a Valoo. Com be used for future annual report notif	2176
	Väden 752 E-mail address: (to	be used for future annual report notif	ication)
For further informat	ion concerning this matter, please cal		
<u>Indrav</u>	and an Stole	at (386) 58 Area Code Daytime	9 -9318 Telephone Number
Ençlosed is a check	for the following amount:		
\$25.00 Filing Fo	ee S30.00 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

Village HC	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Ciability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L16000026811	were filed on 2/8/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	770 Anderson D Ormand Beach, F	riue C.32176
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		18 JUL
New Registered Office Address:	Enter Florida street address	<u>, 공료</u> <u>, 공료</u>
	, Florida	75 (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
New Registered Agent's Signature, if changing Registered Agent:	City ,	an E
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agr	ee to comply with the amiliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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	Indravadan Shah	770 John Anderson Drive	B Add
		Ormond Beach, FL 32176	Remove
			Change
AMBR	Ranjana Bhana	28 Talaquah Blvd.	
		Ormond Beach, FL 32174	Remove
			Change
		<del> </del>	☐ Remove
		<del> </del>	Change
			□ Add
			Remove
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an effec lote:   l	e date, if other than the date of filing:	arsuant to 60 II not be lis	05.020 sted as
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on Oth day after the record is filed.	the ear	lier o
ated _	6-28-18 AShabs		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00