116000)45601

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800304769588

10/24/17--01026--018 **25.00

64.89 PM 661.8

OCT 26 2017 Y SULKER

COVER LETTER

Divi	ision of Corpo	orations				
SUBJECT:	MEDIUM VI	LLA PROPERTY LLC				
			ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	lence concerning this matter	to the following:			
		RICHARD ANTONIO GA	ARCIA			
			Name of Person			
MEDIUM VILLA PROPERTY LLC						
			Firm/Company			
		519 PURITAN RD, APT 2				
			Address			
		WEST PALM BEACH, FL	_ 33405			
			City/State and Zip Code			
		richardgh21@gmail.com				
		E-mail address: (t	o be used for future annual report notificat	ion)		
For further in	formation con	cerning this matter, please ca	dl:			
RICHARD ANTONIO GARCIA			561 843-3243 at ()			
	Name of P	erson	at () Area Code Daytime Te	lephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 Fi	ling 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

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

(:\amc of the Limited Liapinity Company as ii	now appears on our records.)
(Name of the Limited Liability Company as it (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were fi	ited on 03/04/2016 and assigned
Florida document number L16000045601	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Com-	pany," 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)	
	; Ria
	· -7*
3. If amending the registered agent and/or registered office ad	ddress on our records, enter the name of th
B. If amending the registered agent and/or registered office adregistered agent and/or the new registered office address here:	ddress on our records, enter the name of th
Secretary and the sea registered office address here.	ddress on our records, enter the name of th
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of th
Secretary and the sea registered office address here.	ddress on our records, enter the name of th

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.

City

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>	Name	Address	Type of Action
AMBR	Hilmer Dixon Villamediana Bejas	5660 Brighton Park Ln	⊟ Add
		Building 14 Apt 101	
		Orlando, FL 32839	□ Change
MGR	Maximiliano Picornell	3022 SW 17St	
		Miami, FL 33145	
			■ Remove
			Change
			Add
			□ Remove
			∵; □ Ĉĥange
			□ Ādd
			Tomp Frager
			—————————————————————————————————————
			□ Change
	·		Add
			☐ Remove
			☐ Change
			_ □ Add
			☐ Remove
			Change

·								_
					_ 		 _	
		- · · ·		<u> </u>				_
				_				
E				 -				
	··· ··- ·				<u> </u>			—
								_
							8	
						 .	r, d	_
				_				
						· 		
							 ↔	-
Mariation 1 A 10			10/11/2013	7			64	
fective date, if an effective date is ote: If the date is ocument's effecti	listed, the date mu nserted in this b	st be specific and lock does not r	d cannot be prio neet the applic	cable statutory	g or more than 90 filing require	(optional)) days after filing ments, this date	.) Pursuant to (505.020 isted a
record speci The 90th day	fies a delaye after the rec	d effective of cord is filed.	date, but no	ot an effect	ive time, at	12:01 a.m.	on the ea	rlier (
ated/C	112/2	DI+		· ·				
		1/		Iv	/ \ /		_	
		Signature of a	member or auth	orized represen	tative of a meml	oer		

Page 3 of 3

Filing Fee: \$25.00