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K.SALY EXAMINER IUL 15

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Villa D'Este Custom Homes LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Aline Castellucchio Name of Person	
Firm/Company	
Address Le high ALLS, FL 33971 City/State and Zip Code	
Address	
Lehigh AGES, FL 33971	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Eliesley G. Vieira at (239) 849-9016 Name of Person Area Code Daytime Telephone Number	
Name of reison Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sim \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\sim \text{\$\$\$\$\$ (additional copy is enclosed)}\$\$\$ 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

TO ARTICLES OF ORGANIZATION 2016 JUL 14 PM R: 1 mited 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 04/08/20/4 Florida document number 1400 as 71435 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," 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Durval Delana Fill	0	
		5338 Burr St, Lehigh Are	5 Fh 3397/ KRemove
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ective	ate, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	.020
te: If t	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	d a
cument	effective date on the Department of State's records.	
recor	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r c
The 90	h day after the record is filed.	
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ted		
	Signature of a member or authorized representative of a member	
	Eliesley G. Vieira Typed or printed name of signee	
	cherry or vience	

Page 3 of 3

Filing Fee: \$25.00