

L16 0000 77671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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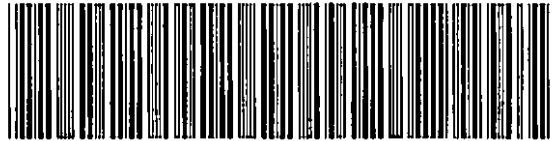
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 NOV -2 PM 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BL MORISEK

NOV 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3734 VISCAYA, 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:

MARTIN H MORRA

Name of Person

Firm/Company

539 EMBROOK ST

Address

THE VILLAGES, FL 32163

City/State and Zip Code

martinmorr@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN H MORRA

Name of Person

at (*352*)

Area Code

633-2038

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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:

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**

3734 VISCAYA, 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 4/21/2016 and signed by _____
Florida document number L16000077671

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 "LLC."

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:

MARTIN H MORRA

New Registered Office Address:

539 EMBROOK STREET

Enter Florida street address

THE VILLAGES

Florida 32163

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.

X 
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	CATHERINE R GENOVESE	539 EMBROOK ST	<input type="checkbox"/> Add
		THE VILLAGES, FL 32163	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANCIS N HENDERSON	539 EMBROOK ST	<input type="checkbox"/> Add
		THE VILLAGES, FL 32163	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTIN H MORRA	539 EMBROOK ST	<input type="checkbox"/> Add
		THE VILLAGES, FL 32163	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LEONA M MORRA	539 EMBROOK ST	<input type="checkbox"/> Add
		THE VILLAGES, FL 32163	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

X

MARTIN H MORRA

Filing Fee: \$25.00