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S. WARREN AUG 2 1 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARÍA A VILLASMIL MARÍN 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:
MARIA A VILLASTIL MARIN
Name of Person
Rime ampany
NGO HACIONOS TERRACE
Address
WESTON FLORIDA, 333397
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA A RIHATIL MARIN at (786) 2008709 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee

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

MARIA A VILLAGRILL	Y as (I now appears on our records)
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>	were filed on <u>05 - 10 - 2010</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
MARIA A VILLASMIL MARIN LLC	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2190 HAGONDA FERRACE
(Principal office address MUST BE A STREET ADDRESS)	WESTON FLORIDA, 33327
	·
Enter new mailing address, if applicable:	2190 HACENDA TEPPACE
(Mailing address MAY BE A POST OFFICE BOX)	WESTON FLORIDA, 33327
B. If amending the registered agent and/or registered off 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 Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent?

Page 1 of 3

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 Type of Action Title **Address** Name _□ Add ☐ Remove ☐ Change ☐ Change □ ∧dd □ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove _□kOhange. 🗖 ऋख 😓 ☐ Remove

_ Change

	
· ffec	tive date, if other than the date of filing:
	ffective 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 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
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Filing Fee: \$25.00