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COVER LETTER

	istration Se ision of Cor			
SUBJECT.	VILLA BO	NTERRA 1218, LLC		
SUBJECT.		Name of Lir	mited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sul	bmitted for filing	
		ndence concerning this matter	•	
		-	C	
		ADRIANA MARQUEZ		
			Name of Person	
		ACMM CONSULTING,	INC	
			Firm/Company	
		7791 NW 46 STREET SU	JITE 206	,, <u> </u>
			Address	
		MIAMI, FL 33166		
			City/State and Zip Code	
		ADRIANA@ACMMCON		
For further in	formation co	E-mail address: oncerning this matter, please o	(to be used for future annual report notical):	ification)
MONICA M	ANZIONE			
	Name of	Person	at () Area Code Daytim	e Telephone Number
		. 6.5611	Alea Code Daytim	ie Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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)
	ling Address istration S		Street Address:	adio
		orporations	Registration Sec Division of Cor	
P.O	. Box 6327	7	The Centre of T	allahassee
1 111	ahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLA BONTERRA 1218, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records. d Liability Company))
he Articles of Organization for this Limited Liability Compan	y were filed on 01/30/2017	and assigned
lorida document number L17000022820		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		;
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		τ'' : '
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter th	ne name of the new regis
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	Cuy	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.

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
AMBR	DOS SANTOS DO LIVRAMENTO, LUCIANA M	8415 NW 116 AVENUE	€ Add
		DORAL, FL 33178	□Remove
			□Change
AMBR AND MGR	FORERO BREDA, JONATHAN A	8415 NW 116 AVENUE	ØAdd
		DORAL, FL 33178	□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
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	6 J. D.	
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable state ament's effective date on the Department of State's records.		
•		
ord specifies a delayed effective date, but not an effective time, at I filed.	2:01 a.m. on the earlier of: (b) The 90th day a	fter th
ed MARCII 9 , 2023 .		
\mathcal{M}		
Signature of a member of authorized rep Monica Typed or printed name	<u>e</u>	