L17000131818

(R	lequestor's Name)
Α)	ddress)
A)	ddress)
(0	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
<u> </u>	
	Office Lice Only



800305013678

10/31/17--01005--010 **25.00

2817 HCV 13 PH 3: 50

J. HARRIS

COVER LETTER

TO:

Registration Section

Divisio	on of Corp	porations		
SUBJECT:	٧I	LAVERDE	ES以下EJ ited Liability Company	He
		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub-	mitted for filing	
			-	
Please return all	l correspor	idence concerning this matter	to the following:	
		MARIA	A. BIA SUTTO Name of Person Firm/Company	<u> </u>
		VILLAVE	Firm/Company	TES IL
			HE 80 ST	
		MIAH	City/State and Zin Code	e rahoo.com
		maria	biasutto 1	a Yahoo.com
		E-mail address: (to be used for future annual report notifi	cation)
For further info	rmation co	oncerning this matter, please ca	all:	
MARI	A 7	BIASUTTO	at (305) 64	7 - 9014
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	neck for the	e following amount:		
□ \$25,00 Filin	ng 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)
		÷		
		NG ADDRESS: ation Section	STREET/COURIE Registration Section	
	Division	n of Corporations	Division of Corpora	
	P.O. Bo Tallahas	x 6327 ssee, FL 32314	Clifton Building 2661 Executive Cer	nter Circle
			m 11 1 1 20 20 20 20 20 20 20 20 20 20 20 20 20	10.1

Tallahassee, FL 32301



November 1, 2017

MARIA BIASUTTO 763 NE 80 ST MIAMI, FL 33138

SUBJECT: VILLAVERDE ESTATES LLC

Ref. Number: L17000131818

We have received your document for VILLAVERDE ESTATES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00022091

Please see attached corrected documents

2017 HCV 13 FH 2: 5:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab			Ocars on ou		HC		
(<u>Name of the Limited Liab</u> (A Flori	ida Limited Liab	ility Compa	ny)	,			
The Articles of Organization for this Limited Liability Florida document number <u>L 17 000</u>			06	19/2	217	and ass	signed
This amendment is submitted to amend the following:		_					
A. If amending name, <u>enter the new name of the li</u>	mited liability	y compan	y here:				
							
The new name must be distinguishable and contain the words "Li	imited Liability (Company,"	he designati	on "LLC" o	r the abbrevia	ition "L	.1.,C,''
Enter new principal offices address, if applicable:	_			•			
Principal office address MUST BE A STREET ADL	DRESS)		-				
·	· · · · · · · · · · · · · · · · · · ·	·			: •	2#17	
							4 :
Enter new mailing address, if applicable:	–			•	•••	<u></u> د.ک	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	_	•					
	_			•• •	::	<u>ား</u>	· · · · · · · · · · · · · · · · · · ·
					• ; •	C/I	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		e address	on our	records,	enter the	na m e	of the n
egistered agent und/or the new registered office un-							
Name of New Registered Agent:							
Name of New Negistered Agent.				•	· · · · · ·		
New Registered Office Address:		Posta	Florida stre				
		Enter	r tortaa stre	ei aaaress			
				, Flori			
		City			Zi	p 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 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 Address . Title Name Type of Action MGR RODRIGUEZ, SUSANA ELIDA 763 HE 80 57 Remove MIAMI FL 33138 _ Change MGR MARIA A BIASUTTO 763 NE 80 ST Remove MIAMI FL 33138 Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change ____Change ☐ Remove ☐ Change

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