

L18000001169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

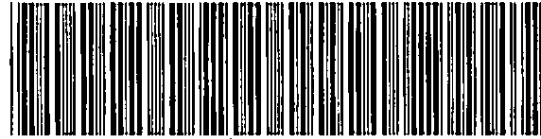
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 10 2018



BERLIN | PATTEN | EBLING

ATTORNEYS AT LAW

Reply to: Melanie Guarnieri
mguarnieri@berlinpatten.com

January 8, 2018

VIA OVERNIGHT MAIL

Division of Corporations
Attn: Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 16814 Vardon Terrace 307, LLC

Dear Sir/Madam:

Enclosed herewith please find Articles of Amendment for the above referenced entity, together with our firm's Check Number 5920 in the amount of \$25.00 which represents the filing fee due.

Please contact me immediately if there is a problem and the payment cannot be processed in a timely manner.

Sincerely,

Melanie Guarnieri, Florida Registered Paralegal
For the Firm

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 16814 VARDON TERRACE 307, 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:

Joseph S. Anile, II
Name of Person

Firm/Company

13318 Lost Key Place
Address

Lakewood Ranch, FL 34202
City/State and Zip Code

janile@oasisig.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Guarnieri 941 954-9991
Name of Person at () Area Code 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**

16814 VARDON TERRACE 307, 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 01/02/2018 and assigned
Florida document number L18000001169.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

16804 VARDON TERRACE 307, LLC

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:

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 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

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated January 8th 2018



Signature of a member or authorized representative of a member
Michael DeCorta, Authorized Member of Oasis Management, LLC, Authorized Member

Typed or printed name of signee

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