

L18000001169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

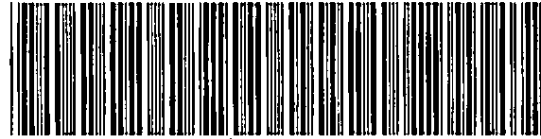
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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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 (      )                      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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*

*City*

*Florida*

*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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DIVISION OF CORPORATIONS  
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

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.

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

Dated January 8<sup>th</sup> 2018

*Michael DeCorte*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Michael DeCorta, Authorized Member of Oasis Management, I.L.C., Authorized Member

Typed or printed name of signee

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**Filing Fee: \$25.00**

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