

# L18000185893

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

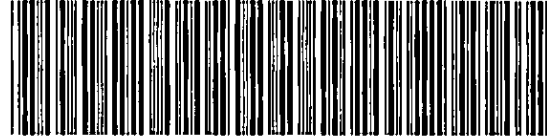
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 FEB - 1 AM 11:26  
CLERK OF SUPERIOR COURT  
HALL COUNTY, GEORGIA

**D. BRUCE**  
FEB 11 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2019

DOUGLAS CURETORI  
2378 WILTON DRIVE  
WILTON MANORS, FL 33305

SUBJECT: TERRAZZO VACATION APAARTMENTS, LLC  
Ref. Number: L18000185893

We have received your document for TERRAZZO VACATION APAARTMENTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 619A00002211

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2019 FEB - 1 AM 11:26  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TERRAZZO VACATION APARTMENTS, 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:

DOUGLAS CURETON

Name of Person

Firm/Company

2378 WILTON DRIVE

Address

WILTON MANORS, FL 33305

City/State and Zip Code

KREBIVE@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felix Fidelibus

Name of Person

at ( 954 ) 691-6778

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

2019 JAN 23 PM 12:47  
2019 FEB - 1 AM 11:26

STATE OF FLORIDA  
TALLAHASSEE

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TERRAZZO VACATION APARTMENTS, 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 \_\_\_\_\_ and assigned  
Florida document number L18000185893

This amendment is submitted to amend the following:

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

TERRAZZO VACATION APARTMENTS, 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**

**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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2009 FEB 1 AM 11:28  
 TALLAHASSEE  
 FLORIDA  
 DEPT. OF REVENUE

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2019 FEB - 1 AM 11:20  
RECEIVED  
FBI NEW YORK  
FEB 1 2019

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2019 FEB -1 AM 11:26  
FBI - LOS ANGELES

(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)

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

**Dated**

1/17/2019

Douglas Cuneo

Signature of a member or authorized representative of a member

DOUGLAS Cureton

Typed or printed name of signee