

L1000207694

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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12/11/18

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Amendment

1. VILLA SOTA BOCA TOWN CENTER LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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OCT - 4 A 9 57

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VILLA SOTA BOCA TOWN CENTER 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:

MILDREY MONTES DE OCA/ SHARON ROZENCWAIG

Name of Person

ROZENCWAIG & NADEL, LLP

Firm/Company

301 W. HALLANDALE BEACH BLVD

Address

HALLANDALE/ FLORIDA/ 33009

City/State and Zip Code

entities@rnflaw.com

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

For further information concerning this matter, please call:

MILDREY MONTES DE OCA/ SHARON ROZENCWAIG 954 455-5100

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 &
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(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

FILED
SEP 11 2007
TALLAHASSEE, FL

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>
MGR	PFEFFER, VIVIAN	20475 BISCAYNE BLVD STE G7 AND G8	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAMP, MAXIMILIANO A	20475 BISCAYNE BLVD STE G7 AND G8	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

100 OCT - 54

Pursuant to 605.0207
 shall not be listed as

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 October 3, 2018


Signature of a member or authorized representative of a member

LESLIE ALAN ROZENCWAIG, ESQ.

Typed or printed name of signee