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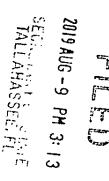
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COVER LETTER

Division of Corporations					
SUBJECT:	VILLA CUS Name of Lim	TOM HOMES	L-L-C .		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		DALE VLAE Name of Person			
	VILLA_C	Firm/Company	<u> </u>		
	10/ 2	6 TH AVE, N.	<u> </u>		
		City/State and Zip Code ADTO GMAIL C to be used for future annual report notifi			
For further information of	concerning this matter, please c	all:			
RICHARD Name o	VLAO of Person	at (<u>727</u>) <u>25</u> Area Code Daytime	74-3725 Telephone Number		
Enclosed is a check for t	he 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)		
MAIL	ING ADDRESS:	STREET/COURH	ER ADDRESS:		

NOTE: IM

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

TO:

Registration Section

REVISING THE MER + AMBR TO RICHARD DALE VLAD INSTEAD OF RICHARD VLAD.

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab	ility Company were filed on	at	nd assig	gned
Florida document number <u>L/90002</u> 0	9440			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liability company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or t	he abbreviati	ion "L.L.	.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET).	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BC	<u> </u>		~ ~	,
		<u> </u>	<u> </u>	<u> </u>
		L 2	AUG	TH
	registered office address on our records, en		amę o	f the=new
registered agent and/or the new registered offic	e address here:	SS.	9 1	(Mirror
		<u>ژ</u> د: رن-	PH	
Name of New Registered Agent:		<u></u>	_ဣ	Varger .
New Registered Office Address:		ī÷.	3	
	Enter Florida street address			
	, Florid:	a		
	City		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 **Title** <u>Name</u> **Address** Type of Action FATTOF PETERSRURG, FL. 38704 BALL 101 26 TH AVENUE N.E. SAINT PETERSBURGEL 33704 MER 101 26 TH AVENUE N.E. SAINT PETERSBURG FL. 33704 MGR. RICHARD DALE VLAD □ Add ☐ Remove Change 101 26TH AVENUE N.E. RICHARD VLAD SAINT PETERS BURG F1 33704 PRemove 101 26TH AVENUEN.E. SAINT PETERSBURGF4337 Change TO RICHARD DALE VLAD □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

(If an e <u>Not</u> e	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	d
	D. C. 1 Dale VI-0 8/6/19
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00