L19000168486

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

3/1/21



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2021

DEREK LAMBROU 771 VILLAGE BLVD SUITE 207 WEST PALM BEACH, FL 33409

SUBJECT: VILLAGE REALTY GROUP, LLC

Ref. Number: L19000168486

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 021A00002689

COVER LETTER

IO: Registration Sec Division of Corp			
SUBJECT:	I LLAGE REAL	TY GROUP UC ed Lidbility Company	
	amendment and fee(s) are subnudence concerning this matter to		
		AMBROU Name of Person	_
		Realty Group Pirm/Company	
		age BIVD. Suci	
	DEREKL	City/State and Zip Code AMBROU @GMa o be used for future annual report notific	il. Com
For further information co	oncerning this matter, please ca		
LORI He	S S Person	at (501) 616- Area Code Daytime	9240 Telephone Number
Enclosed is a check for th	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

VILLOGO REALTY GROWPDZIFEBLIG PM 6:48
(Name of the Limited Liability Company as it now appears on our records.) OF STATE (A Florida Limited Liability Company) TAL AHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on 65/27/2019 and assigned
Florida document number <u>L1900016</u> 8486
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) WEST Paim Beach, FL 33409
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SAWU AS HBOVL
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: DEREK LAMBROU 771 VILLAGE BLVD. SLUTE 207 Enter Florida street address WEST PALM BLACH 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 Address Type of Action Title Name 580 Village BIVD. Suite 315 DANG PT Michael Berry WEST Palm Beach, FL 33409 & Remove NR <u>Berek Lambrou</u> 771 VIII age BIVD. Andd Slute 207 ______Remove

West PAMBEACH FL 33409

Change Sole OWILLY _____ Change _____ □Remove _____ □Change ____ Change

_ □ Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
(If an effective d Note: If the o	te, if other than the date of filing:
the record speci cord is filed.	ities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 2021 Signature of a member or athorized representative of a member
	DEREK LAMBROY Typed or printed name of signee