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SECRETARY OF STATE FALL AHASSEE, FLOSION

A CONTRACTURES

	1.		
		COVER LETTER	
TO: Registration Se Division of Cor			
VILLANZA	GROUP LLC	1	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	 ROXIBELL VILLAZANA		
		· · · · · · · · · · · · · · · · · · ·	
	VILLANZA GROUP LLC	Name of Person	
		D' 70	
	 4460 NW 107TH AVE AP	Firm/Company T 106	
		Address	 _
	DORAL FLORIDA 33178	Address	
	roxibellvillazana@gmail.co	City/State and Zip Code	
	E-mail address:	(to be used for future annual report	notification)
For further information c	oncerning this matter, please	call:	
ROXIBELL VILLAZAN	A	786 832589	3
Name o	f Person		ytime Telephone Number
Enclosed is a check for the			
□ \$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 enclose
	ING ADDRESS: ation Section		URIER ADDRESS:
Divisio	n of Corporations	Registration Se Division of Co	rporations
	ox 6327 issee, FL 32314	Clifton Buildir 2661 Executiv Tallahassee, Fi	e Center Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

VILLANŽA GROUP LLC				
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)			
The Articles of Organization for this Limited Liability Com	pany were filed on 07/05/2019 and assigned			
Florida document number 400331691174				
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 ADDRES	<u>(S)</u>			
	SECREI			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Ag	gent:			

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** Name | <u>Address</u> **Type of Action** YASMANY DUVERGER RAMIREZ 4460 NW 107TH AVE APT 106 ΑP **DORAL FL 33178 ■** Add □ Remove _□ Change \square \land dd□ Remove ☐ Change Remove Remove ☐ Change □ Add □ Remove ☐ Change _ Add _□ Remove _□ Change

mending any other	information, enter change(s) here: (Attach additional sheets, if	necessary.)		
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effective date is listed, th e: If the date inserted	han the date of filing:	optional) after filing.) Pu this date will	rsuant to (I not be I	605.0: isted
	delayed effective date, but not an effective time, at 12:0 the record is filed.)1 a.m. on	the ea	rlier
b:	Jag Day			
86975	Signature of a member or authorized representative of a member			
ROXIBELL V	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00