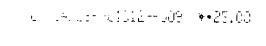
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(Requestor's Name)
(, , , , , , , , , , , , , , , , , , ,
(Address)
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(Business Entity Name)
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COVER LETTER

TO:

TO: Registration S Division of Co			
Villya LL	· (*.		
SUBJECT:		·	
-		nited Liability Company	
£			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	William Miller		
		Name of Person	
	Villya LLC.		
		Firm/Company	
	6300 N. Wickham Rd. Sui	ie 130 #194	,
	···	Address	
	Melbourne, FL 32940		
	w.miller@villya.net	City/State and Zip Code	
	•	to be used for future annual report noti	fication)
For further information	concerning this matter, please e	·	Tellion)
William Miller		617 820-2764	
		at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	12\$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Sec	tion
	Corporations	Division of Cor	
P.O. Box 63	27	The Centre of T	
Tallahassee.	FI. 32314	2415 N. Monroe Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Villva 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 27, February 2020 ____ and assigned Florida document number _ 1,20000065632 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) N/A 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

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 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>	Address	Type of Action
AMBR	Saline Miller	537 Southern Hills Ct. Melbourne, FL 32940	
			🗖 Add
			≣Remove
		<u> </u>	□Change
AMBR	Ron Ray	605 Banbury Place Brentwood, TN 37027	
			≘ Add
			□Remove
		,	*
AMBR	Diana Miller	1-II Rosewood Dr Cocoa, FL 32926	č } ∰Add
			□Remove
			t □ Change
			□Add
			□Remove
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ote: If the date inserted in this b	plock does not	meet the appl	licable statute	ory filing require	ements, this o	late wil	not be liste	ed a
ocument's effective date on the I	Department of	State's record	is.					
record specifies a delayed effecti is filed.	ve date, but no	st an effective	time, at 12:0) I a.m. on the ea	rlier of: (b)	The 90	th day after	r the
10-April		2023						
nted								
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Typed or printed name of signee