

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000177706 3)))



H200001777063ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

**Division of Corporations** 

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Email Address:\_\_\_

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

5

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VILLA BLUE CORAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

O SIMMONE

JUN 12 2020

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUH 1 PH 2010

	1 1115.45	
Villa Blue Coral LLC		
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	cords.)	
5,107,100,00		
The Articles of Organization for this Limited Liability Company were filed on <u>5/27/2020</u>	and assigned	
Florida document number L20000144543		
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 "I	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	····	
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 reco	ords, enter the name of th	
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida Street ad	Enter Florida street address	
	, Florida Zip Code	
·	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	I further agree to comply wi	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

2020 JUN 11 PHIS: 42

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Equity Trust Company Custodian FBO Jerald Ferrell IRA	7901 4th St N STE 300	<b>⊠</b> Add
		St. Petersburg, FL 33702	Remove
			☐ Change
AMBR	FBO JERALD FERRELL I. EQUITY TRUST C	7901 4th St N STE 300	
		St. Petersburg, FL 33702	⊠ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			Change
			☐ Add
			☐ Remove
			Change

	2020 JUN 1-1 PH 12: 42
Effective date, if other than the date of filing:(If an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not meet document's effective date on the Department of State	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date ) The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of:
	2020 .
Riluy Park	iber or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee