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Certified Copies		Certificate	s of Status
Special Instructio	ns to F	Filing Officer;	
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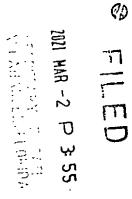
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COVER LETTER

TO:

	Registration Sec Division of Corp			
		VILLA LLC		
SUBJEC	T:	Name of Limit	ed Liability Company	
The seal	and Aminlas of A	Amendment and fee(s) are subn	nitted for filing.	
		ndence concerning this matter to		
		Barbara C. Ferrer		
			Name of Person	
		Windmill Title Company		
			Firm/Company	
		9360 Sunset Drive, Suite 23	35	
			Address	
		Miami, Florida 33173		
			City/State and Zip Code	
		bferrer@wtclosings.com	o be used for future annual report no	tification)
				(incation)
For furt	her information c	oncerning this matter, please ca		
Barbara	a C. Ferrer		305 596-7074 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for t	he following amount:		
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of C The Centre of	orporations
	Tallahassee.			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELGADO VILLA LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company))
The Articles of Organization for this Limited Liability Comp. Florida document number L21000057368	pany were filed on February 2, 2021	and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	he name of the new registr
	, Flor	rida 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 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
MGR	Arman Amirianfar	1100 S Miami Ave, Apt 3601, Miami, FL 33130	□Add
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			Change
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fective date, if other than th	e date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 60 story filing requirements, this date will not be li-
n effective date is listed, the date m	block does not meet the applicable statu	story filing requirements, this date will not be li-
cument's effective date on the	Department of State's records.	
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at 12	1:01 a.m. on the earlier of: (b) The 90th day af
March l	Arman Amirian far	
	Arman Amirianfar	
· · · · · · · · · · · · · · · · · · ·	Signature of a member or authorized rep	resentative of a member
,	-	

Filing Fee: \$25.00