# L21000260034

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# **COVER LETTER**

#### TO: Registration Section Division of Corporations

Villa Lozano DR LLC

SUBJECT: \_\_\_\_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andres Lozano

Name of Person

Villa Lozano DR LLC

Firm/Company

201 SE 2nd Avneue, Apt. 2313

Address

Miami, FL 33131

City/State and Zip Code

andreslozano13@gmail.com

E-mail address: (to be used for future annual report notification)

at (\_\_\_\_\_ Area Code

For further information concerning this matter, please call:

Name of Person

Enclosed is a check for the following amount:

X \$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)

<u>Mailing Address:</u> 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

Daytime Telephone Number

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Villa Lozno DR 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 6/5/2021	and assigned
Florida document number 1.21000260034	

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

ation "LLC" or the abbreviation "L.L.C "
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<u>;</u> ;
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	Iress
	 Ciţy	Florida

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	<b>Type of Action</b>
AMBR	Patrick van Gils	2132 NE 61ST CT. Fort Lauderdale, FL 33308	Add 🗐
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to (05.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	July	30	. 2021.		
			thre of a member of authorized	2-	
		Signa	ture of a member or authorized	d representative of a member	
			Andres Loza Typed or printed na	uno	
			Typed or printed na	me of signce	