

5/5/23, 1:52 PM

Division of Corporations

((H23000169211 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000303703

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CONTADORSUNNYISLES.COM INC
Account Number : 120200000113
Phone : (305)260-6968
Fax Number : (786)513-7810

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
X VILLA CORP

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CORPORATIONS
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2023 MAY -5 PM 5:29

MAY 08 2023

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K. BRUMBY

((H23000169211 3)))

ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF

X VILLA CORP

(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 06/28/2021 and assigned
Florida document number L21000303763

This amendment is submitted to amend the following:

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

X VILLA LLC

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:

15805 BISCAYNE BLVD STE 201

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33160

Enter new mailing address, if applicable:

15805 BISCAYNE BLVD STE 201

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33160

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

Florida

City:

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SIMÕES DOS SANTOS, ATAUA	15805 BISCAYNE BLVD STE 201	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CHAGAS FERNANDES, CRISTINA	15805 BISCAYNE BLVD STE 201	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* ((0123000169211 3))

EIN: 92-3892216

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: 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 MAY 5 2023

Ataia Santos

Signature of a member or authorized representative of a member

ATAUA SIMOES DOS SANTOS

Typed or printed name of signer