

# Florida Department of State

## Division of Corporations

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To:

Division of Corporations  
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Account Name : ALLSTATE CORPORATE SERVICES CORP  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**18004 VILLA CREEK DR LLC**

Certificate of Status	1
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ALLSTATE CORPORATE SERVICES CORP

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN -4 AM 11:19

FILED

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18004 VILLA CREEK 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 11/16/2021 and assigned  
Florida document number 1.21000491934

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:

2615 N GRADY AVE #3109

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33607

Enter new mailing address, if applicable:

2615 N GRADY AVE #3109

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33607

**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:

2615 N GRADY AVE #3109

*Enter Florida street address*

TAMPA

Florida

*City*

33607

*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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TAMPA, FLORIDA  
CLERK OF STATE



[illegible]

**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.

Dated DECEMBER 30, 2021

Signature of a member or authorized representative of a member

STEVEN WEISS

Typed or printed name of signee

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA