6/1/23, 2:26 PM

Division of Corporations

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.

(((H230001993613)))



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 : MARILI CANCIO JOHNSON P.A.

Account Number : I20160000073 Phone : (305)967-6329 Fax Number : (305)470-7453

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

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VILLA FAMILY INVESTMENTS LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

### COVER LETTER

TO:	Registration Se Division of Cor				<b>.</b> 4
SUBJE	CT:	VIIIa F	Omily Inves	tments.	LLC
The enc	losed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Plcase r	etum all correspo	ndence concerning this matter	to the following:		
		A	1 da Zayo 9	)	
		- Mai	111 Cancilo	Johnson	n PA
		/50	DSE QND / Address	tue Ste	2 1408
		<u>M</u>	City/State and Zip Code	33/3/	
		E-mail address: (	<u> AZAYAS C. (</u> to be used for future annual	?/e/aw.c	onl
For furth	er information co	ncerning this matter, please c	ľ	_	
····	Aida Name of	Zayas Person	at ( <u>784)</u> Area Code	802 2 Daytime Telepho	332— one Number
Enclosed	is a check for the	following amount:			
र्ख <b>\$</b> 25.0	X) Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee a Certified Copy (additional copy is one		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
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

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Villa	- Family	Invest	ments .	LLC		
(Name of the Limited Lia (A Flo	billy Company a di rida Lumited Liability	now appears on a	iur records.)			
The Articles of Organization for this Limited Liability Florida document number 2230000884  This amendment is submitted to amend the following	y Company were :		2/17/200	<u>13</u> and	d assig	ined
			· · · · · · · · · · · · · · · · · · ·			· · · · · ·
A If amending name, enter the new name of the l	imited liability co	ompany/here:				• •
The new name must be distinguishable and contain the words "I	limited Liability Con	pany," the designa	ition "LLC" or the s	abbreviatio	n "L L.	C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET AD	DRESS)					
	· · · · · · · · · · · · · · · · · · ·	·	•			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B()X)		· · · · · · · · · · · · · · · · · · ·				
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office addres <u>e</u> :	s on our recor	is, <u>enter the na</u> i	ne of the	: new 1	registered
Name of New Registered Agent:	···			<del>.</del>	737	<del></del>
New Registered Office Address:					<u> </u>	
		Enter Florida sti	reet addr <del>e</del> ss	•	<del>'</del>	三十二
			, Florida	Zın C	70	~; <del>_</del> :
	C7	Ŋ		z.ip C	्रक्	
New Registered Agent's Signature, if changing Registe					57.	
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete perfoi Lagent as provid cred office addre	mance of my 4 ed for in Chap.	luties, and I am ter 605, F.S. Or	familiar , if this c	r with docum	and ient is

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

THE	ivaine	Address	Type of Action
MGR	Arturo Villarea I Jimene	2 /171 E. Hudson Avenue	Add
		Salt Lake City, 1)T8410	06 □Remove
			TChange
	The Property of the Control of the C		□Add
			□Remove
			□Change
allain ann allain ann an aire ann an			🗆 Add
			□Remove
		•••••••••••••••••••••••••••••••••••••••	DChange
····	A-10		DAdd
			□Remove
		Per terminal superprises of company again to all the feeling additional and an additional and a second	Change
	de marie di Per s'escale di la communicació de contra de contra de la contra de la contra con	, the desire with two residences and the second Mandack States desired, you will be to be a first the second control of the second c	□Add
			□Remove
		THE STATE OF THE PERSON SERVICES AND ASSESSMENT AND ASSESSMENT OF THE PERSON SERVICES.	Change
<del></del> · .			□ Add

=====	
<del></del>	
<del></del> -	
<u></u>	
<u>-8016:</u> If the	ate, if other than the date of filing:  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 ( attention of this block does not meet the applicable statutory filing requirements, this date will not be listed as a  effective date on the Department of State's records.
ie record spec ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	6/1.2023.
	Signature of a member or authorized representative of a member