(Requestor's Name) (Address) (Address)	400410813464
(City/State/Zip/Phone #)	06/22/2301007003 ++25.00
(Business Entity Name) (Document Number) rufied Copies Certificates of Status	2023 JUN 22
pecial Instructions to Filing Officer:	
Office Use Only	

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Registration Section TO: **Division of Corporations**

VILLA ST CATHERINE 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:

	BLANCA A VAZQUEZ		
	Name of Person		
	VILLA ST CATHERINE LLC		
		Firm/Company	
	PO BOX 140151		
	Address		
	CORAL GABLES FL 33	114	
		City/State and Zip Code	
	LILY@CORALGIBE.COM	Λ	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
BLANCA A VAZQUEZ	2	305 3009241 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	

M R **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTIC	CLES OF A	MENDMENT	
	TC		
ARTIC		RGANIZATION	·····
	OF		2023 JUN 22 AM 7: 37
VILLA ST CATHERINE LLC			
(<u>Name of the Limited L</u> (A F	iability Company lorida Limited Lia	y <u>as it now appears on our records.</u>) ability Company)	
The Articles of Organization for this Limited Liabil	ity Company w	vere filed on <u>03/15/2023</u>	and assigned
Florida document number L23000134684	·		
This amendment is submitted to amend the followir	ıg:		
A. If amending name, enter the new name of the	limited liabili	i <u>ty company here</u> :	
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)	,,	
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE BO)	<u>v</u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ldress on our records, <u>enter the</u>	ename of the new registered
Name of New Registered Agent:		NA	
New Registered Office Address:	/	Enter Florida street address	
		, Florid	12
-		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.

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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:

1

• MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Blanca A. Vazquez	2222 Ponce de Leon BLVD, Coral Gables FL 33134	■Add
			🗆 Remove
			[]Change
			□Add
			□Remove
			□Add
			🗆 Remove
			[]Change
			🗆 Remove
			🗆 Change
			🗆 Add
		🗆 Change	
			🗆 Add
			🗆 Remove
			🗆 Change

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

	<u></u>	······································
 		· · · · · · · · · · · · · · · · · · ·

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 <u>06/15/2023</u>, _____. <u>Vargue Slaw</u>/Signature of a member or authorized representative of a member

Typed or printed name of signee