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то:	Registration So Division of Con			
SUBJEC	СТ: Vi	lla Land LLC		
SODAL	C1	Name of Lin	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Nahed Ebotaha	N 60	
			Name of Person	
		Villa L	and LLC	
		-	Firm/Company	
		511 Skyview		
			Address	
		Clearwater,	Florida 33756	
			City/State and Zip Code	
			s2008@gmail.com to be used for future annual report not	tilication)
For furth	her information o	concerning this matter, please c	-	
Nahed	d Ebotaha		at (813) _541-4104	
	Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed	d is a check for t	he following amount:		
□ \$ 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)
	Mailing Addre		Street Address: Registration So	ection
Registration Section Division of Corporations		Division of Co		
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

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TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Villa Land LL			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appe imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on _	05/31/2023	and assigned
Florida document number L23000264265			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company l	<u>here</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or	
Enter new principal offices address, if applicable:			2023) SEC. TAI
(Principal office address MUST BE A STREET ADDRE	<u></u>		TÉ È T
	 .	· .	28 E
			SSP ₹ M
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			71 68
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered	office address on our	records, enter the	e name of the new register
agent and/or the new registered office address here:		•	
	1/	red Ce	///
Name of New Registered Agent:	/ Vag	red Et	potena
New Registered Office Address:	•		
	Enter Fl	orida strect address	
		Floric	da
	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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II amenuing Authorized rerson(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	Type of Action
VP	Julio Davila	2930 Bonita Cir, Kissimmee, FL 34744	🗹 Add
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f an cf Note:	If the date inserted in this	the date of filing: must be specific and cannot be block does not meet the ap Department of State's reco	pplicable statutory fil	(option of the control of the contro	filing.) Pursuant to 605.0	1207 Las (
reco		ctive date, but not an effecti	ive time, at 12:01 a.m	i. on the earlier of: (b)	The 90th day after t	the
Jated	8-28-2	023				
		Signature of a member or	authorized representati	ve of a member		
		Signature of a member of	авитились терпевеный	te of a memoer		
		, 	Davila V			