L99000003464

Office Use Only



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APPROVEU AND FILED

13/20/19

COVER LETTER

Division of C	Corporations			
	VillaDirect Management LLC			
SUBJECT:	Name of Lin			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Adien Huet			
	VillaDirect Management I	Name of Person	<u></u>	
	1420 Celebration Blvd., So	Firm/Company uite 109	2019 MAR 1 1 PM 12: 04 SECRETARY OF THE PARTY OF THE PART	
	Celebration, FL 34747	Address	- R R R R R R R R R R R R R R R R R R R	
	adien@villadirect.com	City/State and Zip Code		
For further information	n concerning this matter, please c	to be used for future annual report notifall:	ication)	
Adien Huet		321 293-8412 at()		
Nam	e of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	r the following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VillaDirect Management LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on June 15, 1999	and assigned
Florida document number L99000003464		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		100 1
(Principal office address MUST BE A STREET ADDRESS)		R FAR
		SAL BOY
		150 170
Enter new mailing address, if applicable:		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, g	enter the name of the ne
egistered agent and/or the new registered office address no	<u>1C.</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Steven Hardman	9417 Trinana Circle Winter Garden, FL 34787	■ Add
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January 1, 2019	_
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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	35.0207 (3)(t sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl (b) The 90th day after the record is filed.	lier of:
Dated 3 4 2019	
Dated 3 4 2019  Adden Hued  Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00