N03000001159

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
1		8/27
Wrong K	m	3)a
()	Office Use Only	



100314890641

06/28/18--01016--031 **25.00

08/30/18--01029--010 **10.00

R. WHITE AUG 3 1 2018 2018 AUG 31 PH 1: 30 DECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

Doc Sunbige org Search records Name.

June 29, 2018

KEITH MILLER 2233 CALAIS DR MIAMI BEACH, FL 33141

SUBJECT: VENICE VILLAS CONDOMINIUM LLC

We have received your document for VENICE VILLAS CONDOMINIUM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please write document number on page 1 of 3. Please type or print name of signee.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 018A00013566

8



August 11, 2018

KEITH MILLER VENICE VILLAS CONDOMINIUM 2233 CALAIS DRIVE MIAMI BEACH, FL 33141

SUBJECT: VENICE VILLAS CONDOMINIUM, INC.

Ref. Number: N03000001159

We have received your document for VENICE VILLAS CONDOMINIUM, INC. and check(s) totaling \$25.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$10.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please accept our apology for failing to mention this in our previous letter.

The form you submitted is for a FLORIDA LLC, but your entity is a FLORIDA NON-PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 818A00016593

COVER LETTER

TO: Registration Se Division of Cor	porations		
SUBJECT: Ven	ice Villas Con	ndominium L	LC
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	Ů.	
	Kei	th Miller Name of Person	
		las Condominium	n
		ris Drive Address	
	Miami Be	each, FL 331	41
	Venice V pre	City/State and Zip Code 25 ident@gmail. to be used for future annual report noti	COM fication)
For further information c	oncerning this matter, please ca		
Keith N Name o	Miller f Person	at (305) Obl-	7184 305 610-7081 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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/COURIER ADDRESS:

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

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Venice Villas Condominium
DOCUMENT NUMBER: NO306000/159
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Keith Miller
(Name of Contact Person)
President, Venice Villas Condominium (Firm/Company)
2233 Calais Drive #54
Miami Beach, FL 33141
(City/ State and Zip Code)
venice v presidenta gmail. con
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keith Miller at 305 610-7081 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassec, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

	Anticles of Incor	poration	
Venice Villas (Name of Corporation NO3000001159 (Doct	Condomi	niu AGIB AUG 3	1 PM 1:30
(Name of Corporation	on as currently filed y	vith the Florida Dept, (MENTE STAIF
N03000001159)	TALLAH	ASSEE, FL
(Doct	ument Number of Corp	poration (if known)	
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of t	he corporation:		
			The new
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the nat	rd "corporation" or ' me.	'incorporated" or the ab	obreviation "Corp." or "Inc."
B. Enter new principal office address, if applie			
(Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
			·
D. If amending the registered agent and/or reg	gistered office addres	s in Florida, enter the	name of the
new registered agent and/or the new regist	ered office address:		 .
Name of New Registered Agent	<u>Keit</u>	h Miller	<u> </u>
	2233	h Miller Calais	Drive
		(Florida street a	ddress)
New Registered Office Addres	Miami	Beach	, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		h and accept the obliva	tions of the position.
- mer entry weekspr me apparaturem an regimer en ugi	Kei	the mill	24 -
	Signature of	of New Registered Agent	i, if changing
	~		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Katherine Endicott	2233 Calais Dr. #33
X Add			Miami Beach, FL 33141
2) Change	VP	Robert Michel	2233 Calais Dr. #24
Add			Miami Beach, FL 33141
Remove 3) Change	T	Joe Talamas	402 Coconut Dr
Add Remove			Key Largo, FL 33037
4) Change	B	Carlos Chavarro	1355 71 ST
Add Remove			Miami Beach, FL 33141
5) Change	<u>5</u>	Alexander Spoor	2233 Calais Dr #35
X Add		į	Miami Beach, FL 33141
Remove			
6) Change Add			
Remove		Page 2 of i	

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·

	date of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ada	option of Amendment(s) (CHECK ONE)	
X	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 8-24-18 Signature Keith Miller	
		
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Keith Miller	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	