118000193816

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		,072





900317640889

10/24/18--01001--008 *+25.00

OCT 3 1 2018
S. YOUNG

18 OCT 22 PH 6: 4: SECKETARY OF STATE JALLAHASSEE, FLORIDA



THE DORCEY LAW FIRM, PLC

CHECK REQUEST FORM

CLIENT NAME: Smyer Starview, LLC

BUSINESS/CLIENT NAME: Kovacs

FILE NUMBER: 3993 - 6415

BANK ACCOUNT:

DATE: 09/28/2018

PAYABLE TO: Florida Department of State

AMOUNT: \$25.00

PURPOSE: Articles of Amendment To Articles of Organization

REQUESTED BY: Sara Bostwick

COVER LETTER

TO: Registration Se Division of Cor				;
SUBJECT: VM	yer Herrie	W LLC.		1000.7
				্ত -रा
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		• • • • • • • • • • • • • • • • • • • •
Please return all correspo	indence concerning this matter	to the following:		<i>خ</i>
	Michael Scott			
		Name of Person		-
	Dorcey Law Firm			
		Firm/Company		-
	10181 Six Mile Sypress Pk	cwy. Suite C		18
		Address		AN BOT
	Fort Myers, FL 33966			FILED OCT 22 PM
	mike@dorceylaw.com	City/State and Zip Code	_	-11, ,
	E-mail address: (to be used for future annual report notiff	ication)	6: 47 STATE LORIDI
For further information c	oncerning this matter, please co	all:		12
Michael Scott		239 418-0169		
Name o	f Person	Area Code Daytime	Telephone Number	r
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

()

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMYER STARVIEW, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 08/14/2018	and assigned
Florida document number L18000193816	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
HOPWOOD STARVIEW, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		100 TA
(Principal office address MUST BE A STREET ADD)	RESS)	8 7
		2 F
		MG. PR D
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		RELEGIE
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	N.
		orida
	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 rovisions 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

If amending 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>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			T 2 PM OF SHEEF FLOOR
			ORIDA 17
			□ Add
			□ Remove
		Change	
			🗖 Add
			Remove
			□ Add
			□ Remove
			Change

					_
 					
					<u> </u>
					<u> </u>
					22 ASS
-					2 PR
					<u> </u>
			 	· · · · · · · · · · · · · · · · · · ·	<u> </u>
					
	 				
fective date, if other in effective date is listed, the			late of tiling or more tha	(optional) n 90 days after filing) Pursuant to 605.020
ote: If the date inserted ocument's effective date			e statutory filing requi	rements, this date	will not be listed a
e record specifies a The 90th day after			n effective time,	at 12:01 a.m.	on the earlier o
1	ine record is med				
ated 77		. 2018			
U	/· N	0 1/			
	Signature of a	member or authorize	ed representative of a m	ember	
		*			

Page 3 of 3

Filing Fee: \$25.00