## L19000227243

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PICK-UP WAIT MAI	L			
(Business Entity Name)				
(Document Number)				
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MILLANASSEE, FL

2/2/23 VIL

## **COVER LETTER**

TO:

ro: Registration S Division of Co	ection rporations	. <i>*</i>	•
MAZZATI	ECH LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fec(s) are subit	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	VICTORIA MORAES		
	ASSELFIS INTERNATION	Name of Person	
	TOOL IZINZS DOINTER DAD	Firm/Company KWAY SUITE 10 - ORLANDO FLE	
	7901 KINGSPOINTETAK	Address	
	ORLANDO FL - 32819		
	VICTORIA@ASSELFIS.CO	City/State and Zip Code  OM  to be used for future annual report notific	estion
r e de la Compation	E-mail address: () concerning this matter, please ca		attony
VICTORIA MORAES	Concerning this matter, pressed of	407 826-1034	
Name	of Person	Area Code Daytime	Felephone Number
Enclosed is a check for	the 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)
P.O. Box 6	n Section `Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAZZATECH LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
GOLDEN VIEW ESTATE LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, <u>enter the</u> lere:	name of the New registered
Name of New Registered Agent:		PR D
New Registered Office Address:	Enter Florida street address	FAE 03
-	, Florid	aZip 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 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
AMBR	F KENNEDY, JOHN	2751 S OCEAN DRIVE APT 301 N	
		APT 301 N	_
		HOLDWAY AND THE 22/040	<b>≡</b> Remove
		HOLLYWOOD FL 33019	□ Change
AMBR	BARBARA CORDEIRO DE SOUSA	9070 WOODLAND FOREST ROAD	
			<b>=</b> Add
		ORLANDO FL 32836	
			□Remove
			Charm
			□Change
			□Remove
		,	
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
•			
			□Remove
			□Change

Typed or printed name of signee