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(Requestor's Name)				
(Address)				
Α)	address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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2012 JAN -4 AH 8: 57

J. SAULSBERRY EXAMINER

JAN _ 9 2012

COVER LETTER

TO: Registration S Division of Co		•		
SUBJECT:	Avid Realty 8	& Development, LI	_C	
		ited Liability Company		
	of Amendment and fee(s) are su condence concerning this matte	-		
		Kendall Jones	•	
		Name of Person		
Avid Realty & Development, LLC				
		Firm/Company		
		16345 Myers Ct.		
		Address		-
Clermont, Florida 34711		2012 JAN -4 SECRETARY TALLAHASSE		
		City/State and Zip Code		JAN JAN
	k	jones115@cfl.rr.com to be used for future annual re		ASS -
		•	port notification)	m C
For further information	concerning this matter, please	call:		E.FLO
к	endall Jones	at (_407_)	701-4105	AH & 57
	of Person		Daytime Telephone Num	nber
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is	Certif enclosed) Certif	Filing Fee, icate of Status & ied Copy tional copy is enclosed)
	LING ADDRESS:	STREET	COURIER ADDRESS	is

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVIO K	ealty & Development, LLC	Olla secondo \	
(A F	ability Company as it now appears on orida Limited Liability Company)	our (ecorus.)	
The Articles of Organization for this Limited Liab Florida document number		uary 20, 2006 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
Capview	Commercial Real Estate, LLC		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
		20 TAL	
		Z JAN CRET LAHA	
Enter new mailing address, if applicable:		88	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	% ₹	
	***************************************	± ± 111	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the hame of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
-	, Florida		
	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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** MGR Kendall T. Jones 16345 Myers Ct. ☐ Add Clermont Fl 34711 MGRM Kendall T. Jones 16345 Myers Ct. ✓ Add Remove Clermont FL 34711 ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Dated January Signature of a member or authorized representative of a member Kendall Jones

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00