## LUCCCO54284

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: VIIA TERRACE Name of L	LIVING, LLC imited Liability Company	
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
	VIS R BELAR &	<u>l</u>
	Firm/Company	<del></del>
1717 N. B	Ayshore DRH.2	<u> </u>
MIAMI	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	3137
DEMIS B E-mail address	Edand OMAC Comes: (to be used for future annual report notifica	tion)
For further information concerning this matter, please	call:	
Name of Person	at ( <u>JOT</u> ) 606 Area Code Daytime To	6 6 5 Selephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S30.00 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)

MAHLING 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E LIVING (CC		
Liability Company as it now appears on our Florida Limited Liability Company)	records.)	
oility Company were filed on MNY	25,2006	and assigned
i <b>n</b> g:		
ne limited liability company here:		
ds "Limited Liability Company," the designation	on "LLC" or the abbrev	riation "L.L.C."
le:		
ADDRESS)	<del></del>	
<u></u>		17
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registered office address on our r	ecords, enter the	oname of the new
e address here:	,	T.C.
	#### #	67
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Enter Florida stree	t address	
City	, r ioriga/	Zip Code
, h	ility Company were filed on MAY  5 42 FU  ing:  le limited liability company here:  Is "Limited Liability Company." the designation le:  4DDRESS)  registered office address on our readdress here:  Enter Florida stree	registered office address on our records, enter the e address here:  Enter Florida street address Florida

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 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 = N $AMBR = A$	lanager . Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Stephen L WHITE	1335 Kingsley Ave	🗆 Add
		Unit 503	Remove
		ORNOGE PARK FL. 32067	□ Change
1GRM_	BELLA HEIGETZ	3885 AMALFI DR	Add
		Hollywood, FIA 33001	Remove
			Change
MGRM	DANIEL SHULbERG	1717 N. BAYLOW DR HOIS	Add
		MIAMI FLOZIDA 33/33	□ Remove
			Change
			_□ Add
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			<b>&amp;</b> ⊅ □ Change
			🗆 Add
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			Change

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ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 6
If the date inserted in this block does not meet the applicable statute	
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effe e 90th day after the record is filed.	ctive time, at 12:01 a.m. on the ear
:	
45. 2017.	
7-6-7	

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Filing Fee: \$25.00