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## **COVER LETTER**

	COC	N MEW II C	
SUBJECT:		DL-VIEW, LLC mited Liability Company	N. are desirable
	- \ <del></del>		
The enclosed Ar	ticles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all	correspondence concerning this matt	er to the following:	
		BRIAN HUMMEL	
		Name of Person	
	<del></del>	COOL-VIEW, LLC	
		Firm/Company	
	8010	SUMMERLIN LAKES D	PRIVE
		Address	
	F	ORT MYERS, FL 3390	7
	L/D	City/State and Zip Code	<b></b>
	E-mail address	HUMMEL@YAHOO.CC : (to be used for future annual repo	ort notification)
For further infor	mation concerning this matter, please	e call:	
	BRIAN HUMMEL	at (_239 )	851-1111
	Name of Person	Area Code &	Daytime Telephone Number
Enclosed is a che	eck for the following amount:		
<b>≥</b> \$25.00 Filing	<del>-</del>	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section	Registration	OURIER ADDRESS: Section Corporations
	Division of Corporations P.O. Box 6327	Clifton Build	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	しょしょり ーVロ	TVV. LLC	こうにしがい (カジタ	434 3 4
(Name of the Limited (A	Liability Compa	ny as it now appear	rs on of Acecants SSE	E. FLORIDA
			09/19/2006	
ne Articles of Organization for this Limited Li		were filed on	03/13/2000	and assigned
orida document number L06000091	946			
nis amendment is submitted to amend the follo	owing:			
. If amending name, enter the new name of	the limited liab	ility company her	<u>ce</u> :	
ne new name must be distinguishable and end with	h the words "Limi	ited Liability Compa	any," the designation "L	LC" or the abbrevia
nter new principal offices address, if applica	8010 Summerlin Lakes Drive			
Principal office address MUST BE A STREE	T ADDRESS)	Fort Myers, F	L 33907	
			· · · · · · · · · · · · · · · · · · ·	
nter new mailing address, if applicable:				
nter new mailing address, if applicable:		1643 William	sburg Square	
	<u>BOX)</u>	1643 William Lakeland, FL		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	-		-
Mailing address MAY BE A POST OFFICE I	or registered of	Lakeland, FL	33803	he name of the 1
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Mailing address MAY BE A POST OFFICE A  If amending the registered agent and/or the new registered of  Name of New Registered Agent:	or registered of fice address her Brian Humr	Lakeland, FL fice address on one: nel nerlin Lakes Dri	0 33803 our records, enter t	
Mailing address MAY BE A POST OFFICE A  If amending the registered agent and/or the new registered of  Name of New Registered Agent:	or registered of fice address her Brian Humr 8010 Sumn	Lakeland, FL  fice address on one:  nel  nerlin Lakes Dri  En	our records, enter t	ress 33907
Mailing address MAY BE A POST OFFICE A  . If amending the registered agent and/or the new registered of  Name of New Registered Agent:	or registered of fice address her Brian Humr 8010 Sumn	Lakeland, FL fice address on one: nel nerlin Lakes Dri	our records, enter t	ress

Page 1 of 2

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

Title Name **Address** Type of Action **MGRM David Medinis** 12610 WORLD PLAZA LANE SUITE 2 ✓ Remove FORT MYERS FL 33907 US **Brian Hummel** MGRM 8010 Summerlin Lakes Drive ✓ Add Remove Fort Myers FL 33907 12610 World Plaza Lane Suite 2 Fort Myers FL 33907 MGR **David Medinis** ☐ Add ✓ Remove MGR Brian Hummel 8010 Summerlin Lakes Drive Fort Myers FL 33907 ✓ Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00