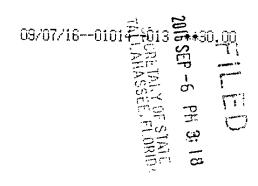
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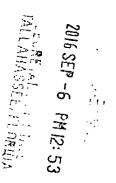
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Special Instructions to I	Filing Officer:	
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Office Use Only



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K.SALY EXAMINER

SEP -8

COVER LETTER

TO:	Registration Sec Division of Corp		•	
	econ.	Barrese Village V	iew, LLC.	
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			Ruben M Barrese	
			Name of Person	
			Firm/Company	
		9601 V	illage View Blvd. #101	
			Address	
		Bonit	a Springs, FL 34135	·
		bettyb	City/State and Zip Code parrese@hotmail.com	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	ncerning this matter, please ca	all:	
	Ruben M Barrese		239 331-6050	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	e following amount:		
□ \$2	5.00 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)

MAILING 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

2016 SEP-6 PM 3: 18 and assigned

Barrese Village View, LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) 06/17/2009 The Articles of Organization for this Limited Liability Company were filed on _ L09000059080 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bonita Village View, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9601 Village View Blvd. #101 Enter new principal offices address, if applicable: Bonita Springs, FL 34135 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STAIL
AHASSEE, FLORID. 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 = ManagerAMBR = Authorized Member Type of Action Title Title <u>Name</u> **Address** □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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lf an effe	e date, if other than the date of filing: September 1, 2016 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
	so observe date of the Department of State 5 feedbase.
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Page 3 of 3

Filing Fee: \$25.00