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70:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO

Account Number : I19980000090 Phone : (407)839-4200

Fax Number : (407)839-4264

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* J.

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACKSONVIEW, LLC

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T. LEMIEUX

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## ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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<del>"</del>			
		IVIEW, LLC	
(Name of the Lin	ited Liability Comp. (A Florida Lunited	any as it now appears on our reco Liability Company)	<u>rds.</u> )
he Articles of Organization for this Limited	Liability Company	y were filed on 08/06/2010	and assigned
lorida document number L10000082492	·		
his amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	pility company here:	
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "Li	"C" or the abbreviation "L L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
		***************************************	
inter new mailing address, if applicable:		2875 S. Orange Avenue	<u>~</u>
Mailing address MAY BE A POST OFFICE BOX)		Suite 500-PMB2615	21:
		Oriando, FL 32806-5471	3 1
			· 1 .
3. If amending the registered agent and/or		address on our records, ente	er the name of the new regi
gent and/or the new registered office addr	ess here:		ニーニー ラ
			12:1
Name of New Registered Agent:	THOMAS W	ILLSON GUSTAFSON	= =====================================
<del></del>			
Name of New Registered Agent: New Registered Office Address:	THOMAS W		\
		Drive  Enter Florida street addi	\

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.

Tour Gustafson

10m. Gustafson

11 Changing Registered Agent, Signature of New Registered Agent

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it amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

→ 18506176383

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	RICHARD GUSTAFSON	2875 S Orange Ave Ste 500-PMB2615	<b>=</b> Add
		Orlando, FL 32806-5471	□Remove
			[] Change
MGR	THOMAS WILLSON GUSTAFSON	2875 S Orange Ave Ste 500-PMl32615	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
		Orlando, FL 32806-5471	□Remove
			□Change
MGR	LESLEY GUSTAFSON	2875 S Orange Ave Ste 500-PMB2615	🛱 Add
		Orlando, FL 32806-5471	ClRemove
			□Change
			□Add
			LIChange
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an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	c does not meet the appli	able statutory filing requ	i 90 days after filing.) Pursuant rements, this date will not b	to 605.0207 be listed as
record specifies a delayed effective d is filed.	ate, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
April 5	2024			
ated	,	DocuSigned by:	,	
		Maskery	b)	

Typed or printed name of signee