L10000 125409

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COVER LETTER

	Registration Se Division of Cor		•	
CUD IEC		IEW RESORTS, LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	endence concerning this matter	to the following:	
		ANNE HARRIS		
			Name of Person	
		KES ACCOUNTING & T	'AX SERVICE, INC.	
			Firm/Company	
		99411 OVERSEAS HWY	, STE 4	
		·	Address	
		KEY LARGO, FL 33037		
			City/State and Zip Code	
		ANNE@KEYSACCOUNT		
For furthe	r information c	e-mail address: (oncerning this matter, please c	to be used for future annual report no all:	nncation)
ANNE H	ARRIS		305 451-3464 I	EXT 214
	Name o	f Person	Area Code Daylii	ne Telephone Number
Engl osed	is a check for th	ne following amount:		
\$25.0	0 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)
	Aailing Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
I	Tallahassee, I	·L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATER VIEW RESORTS, LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000125409</u> .	were filed on 12/07/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab;	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		20 <u>8</u> 11
		73-77 TO 14
		0 G
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		LITE 24
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street oddres	5.5
	, Fl	orida
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALISON KAREN HOLT	172 PLANTATION DRIVE	□Add
		TAVERNIER FL 33070	□Remove
			□Remove
			UChange
			Add 2020 Change Change
			AHAGhang H 9: 24 Change H 9: 24 Change H 9: 24 Change H 9: 24 Change H 9: 24 Change H 9: 24
			□Change
		□Remove	
			□ Change
			□Remove

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			724 LTE
ffective date, if other than the	date of filing: SEPTEMBER 14, 20 be specific and cannot be prior to date of	020 (optio	onal)
ote: If the date inserted in this blo	ck does not meet the applicable statu	filing or more than 90 days after story filing requirements, this	(date will not be listed as)
ocument's effective date on the Do	partment of State's records.		
record specifies a delayed effective	date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.			
SEPTEMBER 14	2020		
	1 tell		
	71101		

Typed or printed name of signee