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C. LEWIS

SEP -7 2011

EXAMINER

COVER LETTER

HARBOR VIEW RESIDENCES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kathleen Van Meir Name of Person Mosley & Wallis, P.A. Firm/Company 1221 E. New Haven Ave. Address Melbourne, FL 32901 City/State and Zip Code gordon.clark@mac.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathleen Van Meir 984-3842 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & **1\$60.00** Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

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

FILED

2011 SEP -6 PM 2: 25

SECRETARY OF STATE.

HARBO	K VIEW RESIDENCES	LLC TALLAHASSEE, FLURIDA
(Name of the Limited I	Liability Company as it now appe Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Lia Florida document numberL110000680		JUNE 10, 2011 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company he	re:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	ΛV)	
		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	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 608, 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 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 <u>Title</u> Name **Address** Type of Action **MBR** RODNEY KOCH 425 West End Rd. #103 ☑ Add Cocoa Beach, FL 32931 Remove AMANDA KOCH MBR 425 West End Rd. #103 Cocoa Beach, FL 32931 Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please note that the additions are MEMBERS only, not Managers or Managing N September 1 2011 Dated_ Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00