

#L12000010328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

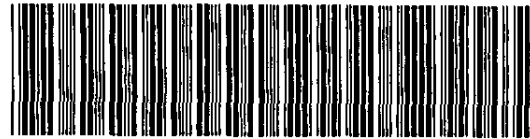
(Business Entity Name)

(Document Number)

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FILED
13 JUL 29 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CAYVIEW, LLC**

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:

LILY AMADOR

Name of Person

SHOMAR ACCOUNTING, PA

Firm/Company

7777 NW 146TH ST

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

LILY@SHOMARACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILY AMADOR

Name of Person

at (305) 825-1123

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

CAYVIEW, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/23/2012 and assigned
Florida document number L12000010328.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1811 NW 51 ST

PMB 1063, HANGAR 42D

FORT LAUDERDALE, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1811 NW 51 ST

PMB 1063, HANGAR 42D

FORT LAUDERDALE, FL 33009

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:

7777 NW 146TH ST

Enter Florida street address

MIAMI LAKES

City

, Florida 33016

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

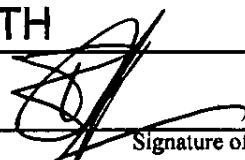
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|---------------------------|--|
| MGR | JAMES LYLE | 12000 BISCAYNE BLVD # 503 | <input type="checkbox"/> Add |
| | | C/O DAMAN BRODY | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FL 33181 | |
| MGR | JAMES LYLE | 1811 NW 51 ST | <input checked="" type="checkbox"/> Add |
| | | PMB 1063, HANGAR 42D | <input type="checkbox"/> Remove |
| | | FORT LAUDERDALE, FL 33009 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated MAY 9TH, 2013

X 
Signature of a member or authorized representative of a member
JAMES LYLE

Typed or printed name of signee