

213000116395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

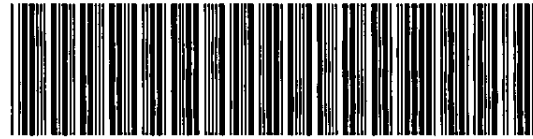
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2013 NOV 18 PM 1:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: City View 2, 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:

Cris Richardson
Name of Person
City View 2, LLC
Firm/Company
900 Glades Road, Suite 2
Address
Boca Raton, FL 33431
City/State and Zip Code
crichardson@rdhllc.com
E-mail address: (to be used for future annual report notification)

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2013 NOV 18 PM 1:53
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Cris Richardson at (**954**) **261-9667**
Name of Person 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**

City View 2, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/16/2013 and assigned Florida document number L13000116395.

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)

900 Glades Road
Suite 2
Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

900 Glades Road
Suite 2
Boca Raton, FL 33431

FILED
2013 AUG 18 PM 1:50
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

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:

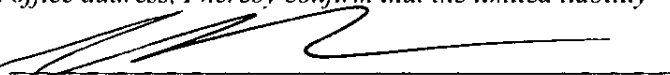
Name of New Registered Agent: Christopher Richardson

New Registered Office Address: 900 Glades Road, Suite 2
Enter Florida street address

Boca Raton, Florida 33431
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jaye Weiss	450 NE 5th Street	<input type="checkbox"/> Add
		Unit 143	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	
MGRM	City View Development, Inc	900 Glades Road	<input checked="" type="checkbox"/> Add
		Suite 2	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	
MGRM	Victoria Park Villas, LLC	5450 South State Road 7	<input checked="" type="checkbox"/> Add
		Suite 21	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33314	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 REVISED
 DEPARTMENT OF STATE
 11/15/12

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

Christopher Richardson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 MAY 18 PM 1:58
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA