## L14000/23335

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
CUDIE		Avenue, LLC			
SUBJE	Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
•		Michael A. Scott, Esq.			
		Name of Limited Liability Company  les of Amendment and fee(s) are submitted for filing.  rrespondence concerning this matter to the following:  Michael A. Scott, Esq.  Name of Person  The Dorcey Law Firm  Firm/Company  10181 Six Mile Cypress Pkwy, Ste. C  Address  Fort Myers, FL 33966  City/State and Zip Code josh@dorceylaw.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  are 1239 Area Code  Area Code  Daytime Telephone Number  for the following amount:  ee \$30.00 Filing Fee & \$55.00 Filing Fee & \$560.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate Of Status			
		The Dorcey Law Firm	Name of Limited Liability Company  ment and fee(s) are submitted for filing.  concerning this matter to the following:  mael A. Scott, Esq.  Name of Person  Dorcey Law Firm  Firm/Company  1 Six Mile Cypress Pkwy, Ste. C  Address  Myers, FL 33966  City/State and Zip Code  chorceylaw.com  E-mail address: (to be used for future annual report notificate g this matter, please call:  at (		
			Firm/Company		
		10181 Six Mile Cypress Pl	kwy, Ste. C		
			Address	Telephone Number	
		Fort Myers, FL 33966			
		****	City/State and Zip Code	<del></del>	
			Name of Person  Firm/Company Pkwy, Ste. C  Address  City/State and Zip Code  (to be used for future annual report notification call: at (		
For furthe Michael S	ner information c		·	ication)	
		one of this matter, preuse of	239 418-0169		
	Name o	f Person		Telephone Number	
Enclosed	l is a check for th	ne following amount:			
<b>\$25</b> .0	00 Filing Fee		Certified Copy	☐ \$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**

Pointview Avenue, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L14000123335	were filed on 08/06/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation '	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3688 Canopy Cir.	30 J
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34120	GC T
		AAA 2
Enter new mailing address, if applicable:	3688 Canopy Cir.	SEE
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34120	ORIE DA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, 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 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 Changing Registered Agent, Signature of New Registered Agent

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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Effective date, if other than the date of filing:  (aptional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Dated  MAY 12  Signature of a member or authorized representative of a member						_
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Typed or printed name of signee $\mathbb{Z}$	/	MICHAEL SCO			( , , , , , , , , , , , , , , , , , , ,	

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Filing Fee: \$25.00