115000009234

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



500284688125

04/25/16--01018--026 **25.00

AFR 25 PH 4: 17

APR 2 7 2016

Y SULKER

COVER LETTER

то:	Registration Sec Division of Cor			
CHDIE	VIV REAL	TY, LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspon	ndence concerning this matter	to the following:	
		DANIEL K. WEIDENBR	UCH, ESQUIRE	
			Name of Person	
		FISHERBROYLES, LLP		
			Firm/Company	
		2390 TAMIAMI TRAIL N	NORTH, SUITE 100	
			Address	
		NAPLES, FL 34103	·	
			City/State and Zip Code	
			I@FISHERBROYLES.COM	
			to be used for future annual report notific	ation)
For furt	her information co	oncerning this matter, please ca	nll:	
DANIE	EL WEIDENBRU	СН	239 227-2880	
	Name of	Person	at ()	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5,00 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

VIV REALTY, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited l	i <mark>ny as it now appears on our records.</mark> Liability Company))		
The Articles of Organization for this Limited I lorida document number L15000009234	Liability Company	were filed on 01/15/2015		and assi	gned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" of	or the abbrevi	ation "L.I	C."
Inter new principal offices address, if appli	cable:	2020 8TH STREET SOUTH			
Principal office address MUST BE A STRE	ncipal office address MUST BE A STREET ADDRESS) NAPLES, FL 34102				
Enter new mailing address, if applicable:	e nov i	2020 8TH STREET SOUTH NAPLES, FL 34102			······································
<u>Mailing address MAY BE A POST OFFICE</u>	<u>: BUX)</u>			16	
3. If amending the registered agent and	l/or registered of	ffice address on our records,		names o	of the
egistered agent and/or the new registered (office address her	<u>e</u> :		2	
Name of New Registered Agent:	FISHERBROY	LES, LLP	engang manananan mananan mananan	:H H9	i serve
New Registered Office Address:	2390 TAMIAM	11 TRAIL NORTH, SUITE 100	ens 2757 Tilk	17	
-		Enter Florida street address			
	NAPLES	Flori	ida <u>34103</u>		
		Citv		ip 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.

f Changing Disgistered Agent, Signature of New Registered Agent

Page 1 of 3

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
AS	Kathleen Stanton	975 6TH AVENUE SOUTH #105	□ Add
		NAPLES, FL 34102	■ Remove
			☐ Change
AMBR	CYNTHIA JANE LEE	140 20TH AVE NW	■ Add
		NAPLES, FL 34120	□ Remove
			☐ Change
			Add
			☐ Remove
	A-1-1-7-1-7-1-7-1-1-1-1-1-1-1-1-1-1-1-1-		Add PH
			© Change
			□ Remove
			Change
	200000000000000000000000000000000000000		Add
			☐ Remove
			☐ Change

				······································
Sometime of the second of the				
			** **	5
			*.	A DR
	W. W. P. P. P. C. L. W. W. C. L.			25
				7
				Ē.
				63
			- '	
	·			
ctive date, if other than the	date of filing:	(optio	nalì	
effective date is listed, the date mus	t be specific and cannot be prior to dat ock does not meet the applicable s	e of filing or more than 90 days after t	iling.) Pursuan	t to 605.03
ment's effective date on the De	epartment of State's records.	statutory tunig requirements, tuis	date will not	oe nsteu
ecord specifies a delayed ne 90th day after the reco	l effective date, but not an ord is filed.	effective time, at 12:01 a	m. on the	earlier
d	2016			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00