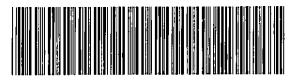
LI 5000207924

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S. ROBERTS
JUN 2 9 2023

COVER LETTER

	Registration Se Division of Cor				
CHID IEC		VIEW LLC			
SUBJEC	.1:	Name of Lin			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		ARTHUR NUDELMAN			
			Name of Person		
			Firm/Company		
		21322 HARROW COUR	Γ		
			Address		
		BOCA RATON, FL 3343	3		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		MKAHN@YOURFLORID			
For furth	er information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)	
	EW J. KAHN		954 851-9996 at ()		
	Name o	f Person		me Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

PF PALM VIEW LLC

(A Florida Limited L	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000207924	were filed on 12/14/2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
PH VIEW LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		707
		.
Enter new mailing address, if applicable:		. 1
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
Muning dauress MAT BE AT OST OFFICE BOA		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	. Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreen provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as properting filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an rovided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is

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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
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			□Remove
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	(05/05/2023			
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