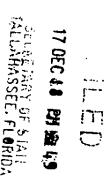
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COVER LETTER

TO: Registration Se Division of Cor			
PM RIVER SUBJECT:	VIEW LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GITA KLEIN		
		Name of Person	
	THE KLEIN GROUP		
		Firm/Company	
	2300 NW CORPORATE E	DRIVE SUITE 112	
		Address	
	BOCA RATON, FL 3343	1	
		City/State and Zip Code	
	gita@thekleingroupepa.com	n to be used for future annual report notific	
For further information c	oncerning this matter, please ca	·	eation)
BRANDON KLEIN		954 345-3696 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our recor Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Compan Florida document number 116000063276	y were filed on 3-30-2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		170
Mailing address MAY BE A POST OFFICE BOX)		
		SE -
3. If amending the registered agent and/or registered of	cm	7 S IT
egistered agent and/or the new registered office address he		is, enter the same for the
Name of New Registered Agent:	· - · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street addre	258
	, F	lorida
 	City	Zîp 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PAULA BRILLEMBOURG	825 BRICKELL BAY DRIVE #18-	
		MIAMI, FL 33131	■ Remove
			Change
MGR	PAULA BRILLEMBOURG	825 BRICKELL BAY DRIVE #18	= Add
		MIAMI, FL 33131	□ Remove
			☐ Change
		-	Add
			Remove
			SSE OF BOOK
			□ Change
			☐ Remove
			Change
			Remove
			□ Change

					
					
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	FLORIDA	E, 71.00 R	ate of filing:	e, if other than the date of	etive date, if

Page 3 of 3

Filing Fee: \$25.00