## K16000109242

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2022 APR 11 AM 6: 23
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

## **COVER LETTER**

TO: Registration : Division of Co		,	į.
SUBJECT:	1701 MORAL Name of Lim	VIEW INVESTM7	ENTS:, LIC
The enclosed Articles (	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	- Euza	BETH SCHULLY Name of Person	<u>.</u>
		Firm/Company	
	170 Celc	Shaillay 4-4 Address 7)	
	Juno	City/State and Zip Code	
		to be used for future annual report noti	(O)
For further information	concerning this matter, please ca	alt:	
ELIZABOH Name	SILEDIM of Person	at (56) 818 - C	1662 e 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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Second Division of Core The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION APR 11 AH 6: 23

$\mathbf{C}$	SECRETARY OF STATE
701 NORTHVIEW IN	141   A31 ACCEM
	any as it now appears on our records.) Liability Company)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on Ob Ob 2016 and assigned
Florida document number L 16000 109 242.	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
500 SUNRISE WAY INVESTM The new name must be distinguishable and contain the words "Limited Liabi	tolts, Lic
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	N/A
	<u></u>
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
4	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

N/A-

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
			□Remove
			Change
			□Add
			□Remove
			□Change
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ective date, if o	other than the di	ate of filing:	29   2022 e prior to date of filin	g or more than 90 day	( <b>optional)</b> s after filing.) Pursuan	t to 605.020
<u>te:</u> If the date in	serted in this block	c does not meet the a irtment of State's rec	applicable statutory	y filing requiremen	s, this date will not	be listed a
cord specifies a s s filed.	delayed effective o	ate, but not an effect	tive time, at 12:01	a.m. on the earlier	of: (b) The 90th d	ay after the
ed April	(N	2022				
		gnature of a member or	2 authorized represer	ntative of a member		
	- 31	gnaune of a member of	audorzettemeser	HAUVE OF A MEMBER		

Filing Fee: \$25.00