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Elorada Department of State

Division of Corporations

Elegationic Filling Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051

: (305)937-7773

Phone Fax Number

: (815)301-2897

\*Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.\*\*

\*\*Enter the email address for this business entity to be used for future

Email Address: NADYA, USOvich aptax. com

IAY 24 AM IB: 51

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLF VIEW, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

J. HARRIS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLF VIEW, LLC		
(Name of the Limited Lia (A Flo	phility Company as it now appears on our records.)  onds Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 05/19/2017	and assigned
Florida document number L17000111647	·	
This amendment is submitted to amend the following	<b>;</b> ;	
A. If amending name, enter the new name of the l	limited hability company here:	2817 M SECT TALL
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		ARY ASSE
(Principal office address MUST BE A STREET AD		TO TO THE PARTY OF
	*	9: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. It amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the nev
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Enter Piortuu sireet qaaruss	
	, Flori	da

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
AMBR	THE GLOBES GROUP LLC	_	19111 COLLINS AVE #2006	[] Add
			SUNNY ISLES BEACH, FL 33160	■ Remove
		3 4 . : 14		□ Change
AMBR	VILLA AND GOLF LLC	_	19111 COLLINS AVE APT 2006	■ Add
			SUNNY ISLES BEACH, FL 33160	☐ Remove
				Change
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ocument's effective date on	the Department	of State's records.				
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