L17000218449

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Na	me)
(Do	cument Number)	
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COVER LETTER

	Registration Se Division of Cor			
eunice		IEW LANDSCAPE MANAGE	EMENT LLC	
SORTE	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Katheryn Wukotich		
		-	Name of Person	
		OCEAN VIEW LANDSC	APE MANAGEMENT LLC	
			Firm/Company	
		18 Grandview Drive		
			Address	
		Palm Coast, FL 32137		
			City/State and Zip Code	
		katiewuk@gmail.com		<u> </u>
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please co	all:	
Kathery	n Wukotich		904 377-2619 at ()	
	Name o	of Person	at () Area Code Daytimo	Telephone Number
Enclosed	d is a check for the	he following amount:		
■ \$2 5.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration ! Division of C	Section	Street Address: Registration Sec Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN VIEW LANDSCAPE MANAGEMENT LLC	•	
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company vibration document number $\frac{L17000218449}{L17000218449}$.	were filed on October 23, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
OV Management LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		20 R S
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the nan	ne of the new registered
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	·
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am	familiar with and

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
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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lf an eff Note:	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
n. ·	July 15th 2021
Dated	
	Aluxe Whillen
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00