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## **COVER LETTER**

Division of Corporations
SUBJECT: Best Home Views, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Dan Colley Name of Person  Best Home Views, LLC Firm/Company
Best Home Views, LLC Firm/Company
3331 Bowers Ln.
Jackson ville, Fl 32257 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dan Colley at (904) 322-3335 Name of Jerson Area Code Daytime Telephone Number
inclosed is a check for the following amount:  S25.00 Filing Fee Scattificate of Status  S55.00 Filing Fee Scattificate of Status  Certificate of Status Scattificate of Status  Certificate of Status Scattificate of Status Scattif

MAILING ADDRESS:

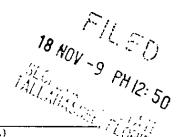
TO:

**Registration Section** 

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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Best Home Views LLC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
Best Home Views LLC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on December 21 2017 and assigned
Florida document number <u>L17000259868</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
North Florida Real Estate Photography LLC The new name must be distinguishable and contain the words "Limited Liability 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Dan Colley  New Registered Office Address: 3331 Bowers Ln.
New Registered Office Address: 3331 Bowers Ln.

## 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

Enter Florida street address

Jacksonville Florida 32257

or removed from our records: FILED MGR = Manager AMBR = Authorized Member <u>Address</u> **Type of Action** <u>Title</u> **Name** □ Add ☐ Remove ☐ Change ☐ Add □ Remove \_\_ Change \_□ Add ☐ Remove □ Change \_□ Add ☐ Remove ☐ Change \_□ Add \_\_\_\_ □ Remove \_\_\_\_ Change \_\_\_\_\_ Add ☐ Remove \_\_\_\_\_ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the	(optional) nan 90 days after filing.	) Pursuant to 605,0207 (
Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	juirements, this date	will not be listed as t
ne record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	, at 12:01 a.m.	on the earlier of:
Dated		
Signature of a member or authorized representative of a  Carol Colley  Typed or printed name of signer		
Signature of a member or authorized representative of a	member	

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Filing Fee: \$25.00