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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Help

COVER LETTER

TO:	Registration : Division of C			
411.181.4114		GVIEW, LLC		
SUBJEC	CT:	Name of Law	led Liability Company	
The encl	losed Articles (of Amendment and fee(s) are subt	nitted for filing.	
Please re	eturn all corres	pondence concerning this matter t	o the following:	
		Cheyenne Moseley		
			Name of Person	 ·
		Logalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Hlvd., 11tl	ı Floor	
			Address	
		Glondale, CA 91203		
			City/Stnte and Zip Code	
		juliovasql@gmail.com	o be used for future annual report no	tilandian)
For furt	her information	a concerning this matter, piense of		
Cheyer	nne Moseley		800 773-0888	ext. 9724
	Nam	e of Person	Area Code Dayti	me Telephone Number
Enclose	d is a check fo	r the following amount		
□ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Divi P O	ILING ADDRESS: istration Section isten of Corporations Box 63.27 abussee, FL 323.14	STREET/COUT Registration Sect Division of Corp Clifton Building 2661 Executive (orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LISTINGVIEW, LLC	
(Name of the Limited Liability Company as it now a (A Froncia Limited Empirity Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed ϵ Florida document number $\frac{1.18000106324}{1.18000106324}$	on 04/27/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and end with the words "Limited Liability Company	r," the designation "T.T.C" or the abhreviation "L.T.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)	The Third To
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ess on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street widtress
City	, Florida
Now Registered Agent's Signature, if changing Registered Agent;	- ₁ , 2

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 665, F.S. Or, if this document is heing filed to merely reflect a change in the registered affice address. I hereby confirm that the limited hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
MGR	Julio Vasquez	11238 Jasmine Hill Cu	E Add
		Boca Raton, FL 33498	□ Remove
			Add
			Remove
		<u> </u>	□ Remove
			
			□ Remove
			Add
			□ Remove
			□ Remove

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date this document is filed by the F	e date of filing: not be prior to date of receipt or ided date and cannot corida Department of State) 2018	(optional) of he more than 90 days after
Fective date, if other than the effective date must be specific, card date this document is filed by the Fitted July 8th	lorida Department of State)	

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Filing Fee: \$25.00

