## L18000118042

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## **COVER LETTER**

TO: Registration Se Division of Cor						
	EVIEW, LLC					
30B3ECT.	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub	_				
	Mehmood Nawab					
		Name of Person		<b></b>	2119	
		Firm/Company			11-11	
	13249 Charfield ST,	Address	· · · · · · · · · · · · · · · · · · ·	-	$\triangleright$	111 10
	Windermere, FL 34786	/ date			æ 23	
	doctornawab@gmail.com	City/State and Zip Code	·····			
For further information of	E-mail address: (	to be used for future annual report notif	ication)			
Adam O. Kirwan	σ, μ	407 210-6622				
Name o	f Person	Area Code Daytime	Telephone Number	•		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional co	of Sta	tus &	

MAILING ADDRESS:

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

14605 ISLEVIEW, 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 05/10/2018 \_\_\_\_ and assigned Florida document number \_\_\_\_L18000118042 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 13249 Charfield, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

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