## 218000139574

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	-
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600320305406

11/01/18--81804--818 \*\*25.00

18 NOV - 1 PH 3: 07

BL VORISEK NOV 16 2018

## **COVER LETTER**

TO: Registration S Division of Co			,
SUBJECT:	Preview 7km	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Jame of Person	
		Firm/Company	
		Ock-cod Dr Address	
	(ounter	City/State and Zip Code	<u> </u>
		to be used for future aroual report notif	
For further information	concerning this matter, please co	all:	
Tean sund	Trinct of Person	at (356) 537 Area Code Daytime	CGG 7 Telephone Number
Enclosed is a check for	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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	18 35 ≥ 38
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	NOV -1
The Articles of Organization for this Limited Liability Florida document numberL180001 395	Company were filed onG/5/14	and Assigned 3: 07
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		te abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	r
	City	Zip Code

## 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 = Aut	horized Member						
<u>Title</u>	Name		Address		,		Type of Action
MER	J. Rivera En	1/6251363	<u>uc</u>	1454	Bethel	7d #/	<u></u>
				Columb	5,04	43,1,0	Remove
							Change
MGZ	Pagy Prince	2	300	Oakı	ucce i	)(	Add
	()()		_Cont	o Oaki ersvilly,	AL 3	597 <u>6</u>	Remove
							□ Change
							🗆 Add
				<del></del> _	<del></del>		_□ Remove
			<del> </del>		<del></del>		_□ Change
					. <del>.</del>		_□ Add
							_□ Remove
					· · ·		_□ Change
	-	<del></del>					_□ Add
							☐ Remove
						<del>_</del>	_ Change
							_□ Add
							_□ Remove
							_ Change

ii amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
t an effect Note: If	tive date, if other than the date of filing:    10   0   15   (optional)
	rd specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of 0th day after the record is filed.
Dated	October 16 1. 2013
	Signature of a member or authorized representative of a member
	/ 1

Page 3 of 3

Filing Fee: \$25.00