Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : I20000000085 Phone : (561) 626-4742

Fax Number

: (561)626-4742

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHVILLE MOUNTAIN VIEWS, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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Corporate Filing Menu

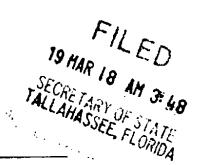
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ASHVILLE MOUNTAIN 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 Co | mpany were filed on Octo | ber 18, 2018 and assigned |
|---|---|--|
| Florida document number L18000245529 | * | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here | |
| ASHEVILLE MOUNTAIN VIEWS, LLC | . <u></u> | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the desig | nution "L.I.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | | |
| Enter new mailing address, if applicable: | | |
| - | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida | street address |
| | | Wasida |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered | i Agent: | |
| I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change. | and agree to act in this cap complete performance of m gent as provided for in Ch | y duties, and I am familiar with and apter 605, F.S. Or, if this document is |
| | | |
| | If Changing Registered Aged | t, Signature of New Registered Agent |
| | Page 1 of 3 | |

200 B

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 = N AMBR = A | Inanger Authorized Member | | |
|---------------------|------------------------------|---------|-----------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| tive date, if other than to fective date is listed, the date in If the date inserted in this nent's effective date on the | must be specific and canno s block does not meet th | t be prior to date of filing o e applicable statutory fi | optional (optional rmore than 90 days after filing ling requirements, this date | c.) Pursuant to 605.0207 (3) |
| cord specifies a delay e 90th day after the r | yed effective date, ecord is filed. | but not an effectiv | e tim e , at 12:01 a.m. | on the earlier of: |
| FEBRUARY 15 | 201 | 9 | | |
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| <i>\</i> | Signature of a member | r or authorized representa | ive of a member | |
| | P.B A. G | | | |

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