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COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:	PANDVIEW M Name of Limi	o. 1916 LLC ited Liability Company	?
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Parnicia	Name of Person	Terens
	The Eli	as LAW FIRM FIRM Firm/Company	e, ALC
	15500 N	ew Bann Ko	1. #104
	Hinni	Lakes FL	2014
	Pgonzale E-mail address: (t	City/State and Zip Code 200/165 /aw. to be used for future annual report notific	pet ation)
For further information co	oncerning this matter, please ca	all:	
PATRICIA CO	Person	Area Code Daytime	3-0055 Co
Enclosed is a check for th	e 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 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

GRANDVIEW No.	1916	LLC	
(Name of the Limited Liability ((A Florida Li	Company as it now a mited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed o	n 1/16/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company,	the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>		
·			
Futer and resiling address if applicables			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	 -		<u> </u>
maning data cos mili bujii oo o i i cos oo j			
B. If amending the registered agent and/or register	red office addres	s on our records, en	ter the name of the new
registered agent and/or the new registered office addres		on our reserves, <u></u>	77 CONTRACTOR OF THE PARTY OF T
			60
Name of New Registered Agent:			
New Registered Office Address:		er Florida street address	en
	2	, Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performan nt as provided foi	ce of my duties, and Lo r in Chapter 605, F.S.	um familiar with and Or, if this document is
ī	If Changing Register	ed Agent, <u>Signature of Ne</u> v	v Registered Agent

	Authorized Person(s) authorized from our records:	to manage, enter the title, name, and address	s of each person being added
MGR = Ma AMBR = At	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>46R</u>	Toyce vander	Leegne C/o 15500 New Bra Scite 104	WRd. StAdd
	·	SuitE 104	Remove
		Klami Lakes,	(330/ Change
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ective date, if other than the date of filing:	
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m	on the earlier o
he 90th day after the record is filed.	671
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ed <u>JANUARY</u> 24. 20/9.	1
1 /mu	\
Signature of a member or authorized representative of a member	
L. Robert Elias Esq. Typed or printed name of signee	
L. DOVERY CITYS, USG.	

Page 3 of 3

Filing Fee: \$25.00