L19000033336

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE OF

Name Change

JUN 22 2019

D CUSHING

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Perdido Vie	w LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	I Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	idence concerning this matter	to the following:		
		Robert Stott			
			Name of Person		
		Perdido View LLC			
			Firm/Company	· ·	
		9606 Westgate Circle			
			Address		
		9606 Westgate Circle Pens	sacola FL 32507		
		bstott78@yahoo.com	City/State and Zip Code		OL HITE E
		E-mail address: (to be used for future annual repo	rt notification)	5 00
For further in	nformation co	ncerning this matter, please ca	ill:		= NG
Robert Stot	t		850 36140	41	1. 9: 3!
	Name of	Person		Daytime Telephone Number	- In lows
Enclosed is a	check for the	: following amount:			
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	n Certified (e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Perdido View LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L19000033336 This amendment is submitted to amend the following:		and assigned assigned and assigned	
A. If amending name, enter the new name of the limited liab	ility company bere:	ي الم	
Perdido View Two LLC	my company nere.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9606 Westgate Circle		
(Principal office address MUST BE A STREET ADDRESS)	Pensacola FL 32507		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new	
New Registered Office Address:			
	Enter Florida street address	-	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
			☐ Remove
			□ Change
			□ Remove
			□ Change
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Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	lock does not meet the	applicable statuto	ing or more than 90 day ry filing requirement	s after filing.) Pursuant to 6 is, this date will not be li	605.0207 (: isted as th
he record specifies a delaye The 90th day after the re		ut not an effec	ctive time, at 12:	:01 a.m. on the ear	lier of:
June 6	2019) 			
Robert	Signature of a member	or authorized renres	entative of a member		
Robert Stott	a.g.mar or a monitor	samormon repres			

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Filing Fee: \$25.00