## 1190000 60697

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
RA must sign

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## **COVER LETTER**

SUBJECT:	LANDVIEV				
		Name of Lim	ited Liability Company		
The enclosed	DBJECT:    LANDVIEW CONSTRUCTION LLC				
Please return	all correspo	ndence concerning this matter	to the following:		
		MARCELA GIL			
			Name of Person		
		MANUEL DINER P.A.			
			• •		
		2800 WESTON ROAD. S	SUITE 204		
		WESTON. FL 33331	Address		
		-	1	viva)	
For further in	formation co		·	Mony	
MARCELA (	GIL				ाह - का रा
	Name of	Person		elephone Number	- 4: 2º
Enclosed is a	check for th	e following amount:			•
■ \$25.00 Fi	ling Fee		Certified Copy	Certificate of S Certified Copy	tatus &
	MAILI	NG ADDRESS:	STREET/COURIER	RADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



March 26, 2019

MARCELA GIL MANUEL DINER P.A. 2800 WESTON ROAD, SUITE 204 WESTON, FL 33331

SUBJECT: LANDVIEW CONSTRUCTION LLC

Ref. Number: L19000060697

We have received your document for LANDVIEW CONSTRUCTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 819A00005982

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANDVIEW CONSTRUCTION LLC			
( <u>Name of the Limited Lia</u> (A Flo	pility Company as it now app ida Limited Liability Compan	ears on our records.) v)	<del></del>
The Articles of Organization for this Limited Liability Florida document number L19000060697	Company were filed on	03/04/2019	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the l	mited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "l	imited Liability Company," th	e designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			<del></del>
<u>Principal office address MUST BE A STREET AD</u>	DRESS)		3
			<del></del>
Enter new mailing address, if applicable:	·		· 万 海点。
(Mailing address MAY BE A POST OFFICE BOX)			IN AND
		·	20 37
B. If amending the registered agent and/or re registered agent and/or the new registered office a		on our records, enter th	ie name of the ne
Name of New Registered Agent:	CARDO ALVAREZ		
New Registered Office Address:			
	Enter 1	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 W. New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>inter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RICARDO ALVAREZ	1007 BAMBOO LN WESTON, FL 33327	<b>∃</b> Add
			Remove
			□ Change
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Add
		<del></del>	□ Remove
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			□ Remove
			Change

	<del>-</del>
	_
Effect	ive date, if other than the date of filing: (optional)
<u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
15	3/14/2019
Dated	
	TAL ALRY
	<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00