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COVER LETTER

Division of	n Section Corporations		
SUBJECT:	Prairie Vier	w Dr LLC	
SUBJECT: Prairie View Dr 11C Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Jones Name of Person Firm/Company 5977 Amise Dr Address Surgeoff Ft 34238 City/State and Zip Code McJ141 B Com 45t net Fermail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Jones Name of Person at (94) 504-4747 Daytime Telephone Number Einclosed is a check for the following amount:			
The enclosed Articles	s of Amendment and fee(s) are subr	nitted for filing.	
Please return all corre	espondence concerning this matter t	o the following:	
	Mi'eha	e) Jones Name of Person	
		Firm/Company	
	5977	Anise Dn Address	
	Suras	Sofa, FL 3 City/State and Zip Code	14238
	MとJ247 E-mail address: (to	o be used for future annual report noti	net fication)
For further information			
Mschae Nar	Jones ne of Person	at (<u>941)</u> <u>504</u> Area Code Daytim	2-4747 c Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	S30.00 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Prairie View Dr 220
Prairie View Dr 220
Prairie View Dr 220

Prairie View	2 Dr 22C	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	-
The Articles of Organization for this Limited Liability Co Florida document number <u>上月りひひりほえ月</u> の	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi		
Grandview 1 11C	-	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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 =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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1/17	·-		20	20						
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•	date inserted iffective date ifies a delayed	date inserted in this block doe ffective date on the Departm ifies a delayed effective date.	date inserted in this block does not to iffective date on the Department of States a delayed effective date, but not	date inserted in this block does not meet the effective date on the Department of State's re ifies a delayed effective date, but not an effec	date inserted in this block does not meet the applicable of feetive date on the Department of State's records. If it is a delayed effective date, but not an effective time	date inserted in this block does not meet the applicable statutory iffective date on the Department of State's records. ifies a delayed effective date, but not an effective time, at 12:01	date inserted in this block does not meet the applicable statutory filing requiffective date on the Department of State's records. ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	date inserted in this block does not meet the applicable statutory filing requirements, to a feetive date on the Department of State's records. If the state of the Department of State's records, and the department of State's records.	date inserted in this block does not meet the applicable statutory filing requirements, this date will effective date on the Department of State's records. ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	late 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, date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed

.

Filing Fee: \$25.00

1/17/20

Michael Jones Registered Agent

5977 Anise Dr

Sarasota, FL 34238

941-504-4747

Please change the name of

Prairie View Dr LLC

То

Grandview 1 LLC

Thank you

Maken Joses
Michael C Jones