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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	leaview	Name of Limite	CICC HONS and Liability Company	Uhl	imited	LLC
The enclosed Articl	es of Amendment and	fee(s) are subm	itted for filing.			
Please return all cor	respondence concernii	ig this matter to	the following:			
	Rock	fick l	Name of Person NSTCL 110 TON Firm/Company	INON Is Ut	, III nimited	llic
	81	Picker	ring Drive			
	Pair	n Coc	St, FL 3 City/State and Zip Code	210		
	Rmg	CX NA	10N 819 6 \ he used for future annual ro	Port notific	b · Com	
For further informa	tion concerning this ma	atter, please cal	1:			
Raterick	ame of Person	INON	at (<u>360</u>) <u>3</u> Area Code	10 L-	3953	
Enclosed is a check	(for the following amo	unt:				
□ \$25.00 Filing F		ng Fee & e of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		Certified	e of Status &
В С Р	AAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Fallahassee, FL 32314		Registrati Division o Clifton Br	on Section of Co rp orat		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

(Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company)

2019 JUL 12 P 3: 39

The Articles of Organization for this Limited Lia		were filed on May	17,2019	and assigned
Florida document number <u>L1900013</u>	<u>3574.</u>		1711.6.7	411710011111111111111111111111111111111
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liah	ility company here:		
NIA The new name must be distinguishable and contain the wo				
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designa	tion "LLC" or the abbi	eviation "L.IC."
Enter new principal offices address, if applica	able:	NIA		
(Principal office address MUST BE A STREE)	T ADDRESS)			
Enter new mailing address, if applicable:		NIA		
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	fice address her	<u>e</u> :		
		Enter Florida st	reet address	
			Florida	Zıp Code
		Cuy		Zıp Code
New Registered Agent's Signature, if changing B	<u>Registered Agent</u>	<u>:</u>		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this company	er and complete stered agent as registered office	e performance of my a provided for in Chap	luties, and I am fa ter 605, F.S. Or, ij	miliar with and f 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Alexander Valentine	11 Sea Spiral path, Jaim Coast FL 82164	□ Add
			Change
			🗅 Add
			□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change

E. Effe	effective date, if other than the date of filing:
Not	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used
doc	ument's effective date on the Department of State's records.
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
(b) T	he 90th day after the record is filed.
	July 1st 2019
Dat	ed JULY 3019.
	/LM/ by/com
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00