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## **COVER LETTER**

352 Previe	w, LLC		
30BJECT.	Name of Lim	ited Liability Company	· · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kristy Taylor		
	***************************************	Name of Person	**************************************
	352 Preview, LLC		
		Firm/Company	
	10846 SE 72nd Ter		
		Address	
	Belleview, FL 34420		
	art@352preview.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please co	all:	
Kristy Taylor		352 572-2945 at ( )	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 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

TO:

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

352 Preview, LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000210216	y were filed on Aug 16	, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRESS)			
		<u>حد</u> ا	9 19
Enter new weiling address if applicable.		AHAS	AUG 3
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		: · · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		r records, enter th	ic name of the
	_		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	treet address	
		, Florida	
	City	1	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> Perterson, Melissa M	Address 4544 SE 32nd Place	Type of Action
AMBR			□ Add
		Ocala, FL 34480	
			☐ Change
AMBR	Peterson, Melissa M	4544 SE 32nd Place	
		Ocala, FL 34480	<b>=</b> Add
		——————————————————————————————————————	Remove
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(If an ef Note:		cannot be prior to date of filing or more than 90 days after filin neet the applicable statutory filing requirements, this dat	ig.) Pursua		
	cord specifies a delayed effective de 90th day after the record is filed.	late, but not an effective time, at 12:01 a.m	. on the	e earl	ier of:
Dated	August 26th	2019			
	Vaylor Signatura of a r	member or authorized representative of a member			
	O Signature of a h	nemon of authorized representative of a member			
	Kristy Taylor				
		Typed or printed name of signee		-	

17. If amending any other information, enter change(s) here. (Attach dadita/hat sheets, if necessary.)

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Filing Fee: \$25.00