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Certified Copies	_ Certificate	s of Status
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S. YOUNG

## **COVER LETTER**

O: Registration S Division of Co			
IRIECT:	ARDOUR VIEW Name of Lin	LLC	
JIAN.C1.	Name of Lim	nited Liability Company	<del> </del>
ne enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Ric	Chard Lancas	STEF
		Firm/Company	<del> </del>
	516 GrE	Enway Dr. No.	Palm Bch.
	Florida	33408 City/State and Zip Code	
	E-mail address: (	a sta amail. Con to be used for further annual report noti	fication)
r further information c	concerning this matter, please co	all:	
Richard	LANCASTE	at (561) 26  Area Code Daytim	2-2783
Nuik o	i i cison	Area Code Dayum	e reteptione Number
closed is a check for the	ne following amount:		
5-\$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 Addres		Street Address:	ation
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	~ -		<u> </u>
HARBOUR	View	LLC	7028 SER
(Name of the Limited Liability Com (A Florida Limite	<u>ipany as it now appea</u> ed Liability Company)	rs on our records.)	NO. 2
Articles of Organization for this Limited Liability Compa	ny were filed on _	7/1/2020	anerassigned
rida document number L 20000 178700		•	6: 30
s amendment is submitted to amend the following:			· —
If amending name, enter the new name of the limited lia	ability company h	<u>ere</u> :	
new name must be distinguishable and contain the words "Limited Lia	ibility Company," the	designation "LLC" or	the abbreviation "L.L.C."
er new principal offices address, if applicable:			
ncipal office address MUST BE A STREET ADDRESS)		·	
er new mailing address, if applicable:			
iling address MAY BE A POST OFFICE BOX)			
f amending the registered agent and/or registered office	e address on our r	ecords, enter the	name of the new register
at and/or the new registered office address here:			
None of Non-Doubton LA cont			
Name of New Registered Agent:			
New Registered Office Address:			
	fametri w da fai	rida street address	
		, Florid	a
Registered Agent's Signature, if changing Registered Agen	City	, Florid	81 Zip Code

ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

MBR = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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