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R. HUNT

COVER LETTER

Divi	sion of Corp	porations		
SUBJECT:		VIEW PROPERTIES LLC		
SUBJECT.		Name of Line	ited Liability Company	
The enclosed	Articles of /	Amendment and fee(s) are sub-	mitted for tiling	
		ndence concerning this matter		
		DAVID J. BRZOZOWSK	.1	
			Name of Person	
		<u> </u>	Firm/Company	
		PO BOX 1327		
			Address	
		CHESHIRE, CT 06410		
		dbrzozowski@medacist.com	City/State and Zip Code n	
		E-mail address: ()	to be used for future annual report notifi	cation)
For further in	formation co	oncerning this matter, please ca	ıll:	
James S. Lup	oino, Esq.		305 8528440	
-	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Address	<u>:</u> :-	Street Address:	••

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

Registration Section

10:

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 OF

The Articles of Organization for this Limited Liability Company were filed on January 04, 2021 and assigned Florida document number 1.21000015014.

This amendment is submitted to amend the following:

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	James S. Lupino		
New Registered Office Address:	9350 S. Dixie Highway S	uite 1470	
	<u> </u>	inter Florida street address	
	Miami	Florida	33156
	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 Changing Cariffered 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>	Address	Type of Action
AMBR	David Brzozowski	PO BOX 1327	= Add
		CHESHIRE, CT 06410	□Remove
AMBR	Lorraine Brzozowski	PO BOX 1327	
		CHESHIRE, CT 06410	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
	<u> </u>		□Add
			□Change
		·	□Add
			□Remove
			□Change

	
	
(Han e <u>Not</u> e:	tive date, if other than the date of filing:
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	
Dated	Signature of a member or authorized representative of a member Davin J. Brancuski, Sv.

Filing Fee: \$25.00