# L210000 86088

	(Requestor's Name)
	(Address)
	(Addiess)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Sociality (10 most)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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22 AUG 22 PH 12: 07 2022 AUG 22 PH 2: 48

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

· - · · · · · · · · · · · · · · · · · ·				
10 Eastview Avenue, 1	LLC			
·				
	· · · -			Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
			<u></u>	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
		l		Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature			<u> </u>	Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	00(10100			UCC 1 or 3 File
	08/19/22	<del></del>		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

#### **COVER LETTER**

	egistration S ivision of Co			
SURIFCT	CARNEY	BOND WAY, LLC TO BECC	OME 10 EASTVIEW AVENUE, LL	С
SOBULCE	•	Name of Lin	nited Liability Company	······································
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retui	m all correspo	ondence concerning this matter	to the following:	
		THOMAS F CARNEY JR		
			Name of Person	
		CARNEY STANTON P.L		
			Firm/Company	
		135 S.E. 5TH AVENUE, S	SUITE 202	
			Address	
		DELRAY BEACH, FL 33	483	
		<del> </del>	City/State and Zip Code	<del></del>
		yfc@carneystanton.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please ea	all:	
Thomas F C	Carney Jr		at () 278-5565 Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	c following amount:		
■ \$25.00 F	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 P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### FILED

2022 AUG 22 PH 12: 07

CARNEY BOND WAY, LLC

(Name of the Limited Liability Company as it now appears on our records ALL ARASSEE, FL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed on 02	/22/2021 and assigned	
Florida document number L210000860088	·		
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of the limited liability company he	ere:	
10 EASTVIEW AVENUE, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable: SAME		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	SAME		
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and	Nor registered office address on	our records, enter the name of the new	
registered agent and/or the new registered o	office address here:		
Name of New Registered Agent;	SAME		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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 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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			Remove
			Change
			Add
			Remove
			☐ Change
<del></del> -			D Add
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			Change
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		<del> </del>	D Add
			Remove
			Change

	2022 AUG 22 TAIL AHA
	ASSET PA 6
(li an ef <u>Note:</u>	tive date, if other than the date of filing:
f the read b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	\$ 19/2022 Honnetonney
	Heony Carney/
	Signature of a member or authorized representative of a member
	THOMAS F CARNEY JR
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00