## k21000135529

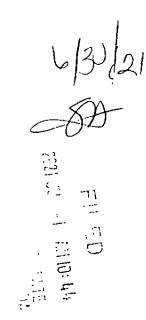
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## **COVER LETTER**

Division of Corp	porations		
REAL VIEW	V. LLC		• •
SUBJECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MIGUEL SANCHEZ		
		Name of Person	
	CONSULTING BUSINES	S SOLUTION LLC	
	<del></del>	Firm/Company	
	9710 STIRLING RD, OFF	ICES 104-105	
	<del></del>	Address	<del></del> -
	COOPER CITY		
		City/State and Zip Code	
	FL 33024		<del></del>
		to be used for future annual report notifica	ation)
For further information co	noerning this matter, please ca	all:	
MIGUEL SANCHEZ		305 395 0026 at ( )	
Name of	Person		elephone Number
Enclosed is a check for the	e following amount:		
● \$25.00 Filing Fee	û \$30.00 Filing Fee & Certificate of Status	û \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	û \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		O A A	

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

Registration Section

TO:

Street Address
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

REAL VIEW, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/23/2021 and assigned Florida document number 1.21000135529 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

\_\_, Florida \_\_\_

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>	Addr ess	Type of Action
AMBR	KATS, EZEQUIEL H	3523 SW 92ND AVE, PEMBROKE PINES, FL 330	
			ê Remove
			û Change
AMBR	KATZ, EZEQUIEL H	3523 SW 92ND AVE, PEMBROKE PINES, FL 330	025 <b>≆</b> Add
			û Remove
			û Change
			û Add
			û Remove
			û Change
			û Add
			û Remove
			û Change
	<del>-</del>		û Add
			û Remove
			û Change
			Q Add
			û Remove
			û Change  û Remove  û Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
Tective o	tate, if other than the date of filing: (optional)  e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If th	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
record sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
MA	Y 24 2021
MA	Y 24 . 2021
ated MA	· TURAL
MA	Y 24  Signature of a member of authorized representative of a member  HELFGOT, MARINA S  Typed or printed name of signee

Filing Fee: \$25.00