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(Requestor's Name)
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21 HOUTE PH 2: 57

T. MATTHEWS

COVER LETTER

CHD IECT.	212 SW CAP	PE CORAL, LLC		
SUBJECT		Name of Lim	ited Liability Company	
		mendment and fee(s) are sub		
Please return	all correspond	dence concerning this matter	to the following:	
		Nevena Peeva		
			Name of Person	
			Firm/Company	
		708 SW 11th PI		
			Address	
		Cape Coral, FL 33991		
			City/State and Zip Code	
		nevena.k.peeva@gmail.con E-mail address: (to be used for future annual report 	notification)
For further i	nformation cor	ncerning this matter, please ca		
Nevena Pee		·	612 417-841	5
	Name of I	^o erson	Area Code Da	ytime Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00 1	Filing 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 enclose)
Mo	ilina Address:		Stroot Addres	v.

Registration Section

Division of Corporations

TO:

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

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 21 NOT 19 PH 2: 57

212 SW CAPE CORAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company Florida document number 1.21000412876	were filed on and assigned and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	3225 MCLEOD DRIVE				
(Principal office address MUST BE A STREET ADDRESS)	SUITE 100				
	LAS VEGAS, NV 89121				
Enter new mailing address, if applicable:	3225 MCLEOD DRIVE				
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 100				
	LAS VEGAS, NV 89121				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new register</u>				
New Registered Office Address:	Enter Florida street address				
	, Florida				
	, Florida City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with t				

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 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

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11

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VINI GROUP, LLC	1718 CAPITOL AVENUE	≡ Add
		CHEYENNE, WY 82001	□Remove
			□Change
MGR	PEEV, IVAN	708 SW 11TH PLACE	□∧dd
		CAPE CORAL, FL 33991	≘ Remove
			□Change
MGR	PEEVA, NEVENA	708 SW 11TH PLACE	□Add
		CAPE CORAL, FL 33991	■Remove
			□ Change
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neu	mber 8	· · · · · · · · · · · · · · · · · · ·		·	esentative of a			
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Nevena P	71 1	fature of a i	member or a	athorized repr	esentative of a	member		

Filing Fee: \$25.00