L21000526762

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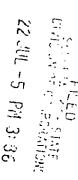
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S. CHATHAM OCT - 4 2022



COVER LETTER

TO:

Registration Section

Division of Cor	porations		
VIEW LAF	KE, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
	ondence concerning this matter		
	ERIK ARROYO		
		Name of Person	
	BAND, GATES & DRAM	fis, P.L.	
		Firm/Company	
	2070 RINGLING BLVD.		
		Address	
	SARASOTA, FLORIDA	34237	
		City/State and Zip Code	
	EARROYO@BANDGATE	ESDRAMIS.COM to be used for future annual report not	ification
For further information of	oncerning this matter, please c		
ERIK ARROYO		941 366 8010	
121		at (
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, I			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIEW LAKE, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/14/2021	and assigned
Florida document number L21000526762		
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 al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	15 PARADISE PLAZA PMB 377	PINE S
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FLORIDA 34239	FE EP
		C1 21:27
		P
Enter new mailing address, if applicable:	15 PARADISE PLAZA PMB 377	$\omega \in \mathbb{S}^{n}$
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FLORIDA 34239	<u> </u>
3. 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 nan</u>	ae of the new regist
New Registered Office Address:	Enter Florida street address	
	, Florida	
	, Fiorida	Zin 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 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
MGR	BMJW VENTURES, LLC	15 PARADISE PLAZA PMB 377	□Add
		SARASOTA, FLORIDA 34239	□Remove
			■ Change
MGR	M2RE PARTNERS LLC	15 PARADISE PLAZA PMB 377	□Add
		SARASOTA, FLORIDA 34239	Remove
			■Change
			□Add
			□Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and ca Note: If the date inserted in this block does not mee	it tije applicable s	of filing or more than tatutory filing requi	(optional) 90 days after filing.) Perments, this date w	ursuant to 605.020 Ill not be listed a
locument's effective date on the Department of Stat	e y records.			
record specifies a delayed effective date, but not an	/ coffortivations o	t 12:01 a.m. on the	earlier of: (h) The	00th day after the
record specifies a delayed effective date, but not and is filed.	l	C12.01 a.m. on the	arrier or. (o)	70117 Gu y 11714 1171
	2022			
Dated June 29				
Signature of a mer	mber or authorized	representative of a mu	mber	
Signature of a med Matthew Landsman, as Authorized Repr				

Filing Fee: \$25.00