## 422000445526

(Re	questor's Name)	
(Ade	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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SEGMENT AND SEE FL

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## **COVER LETTER**

Registration Solution Of Co.		,	
ECT:	ew View Cor	sulting & De	sign LLC
	Name of Lim	ited Liability Company	V
alsas l Amisles si	Shows a down and the control and such	united for Olive	
	Amendment and fee(s) are sub	-	
e return all correspo	ondence concerning this matter	to the following:	
	DAWN	Mickan Name of Person	
	New VI	ew	
		Firm/Company	
	14722 5	Thrace NE Address	
	Braden-	ton, FL 34212	<u> </u>
	daum	City/State and Zip Code	1 0000
	E-mail address: (	Mickan @ amai	otification)
r further information c	concerning this matter, please c	all:	
DAWN	Mickan	ar (941) 34	8-3203
Name c	of Person	Area Code Dayti	me Telephone Number
iclosed is a cheek for t	he following amount:		
S25.00 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		Street Address:	action
Registration : Division of C		Registration S Division of Co	
P.O. Box 632 Tallahassee,		The Centre of	Tallahassee oc Street, Suite 810
i ananassee,	I L. JAJ 14	Z410 IN. IVIORE	oc ancer, anne orv

Tallahassee, FL 32303

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

ARTICLES OF A	
ADTICLES OF O	DCANIZATION
ARTICLES OF	RGANIZATION (1)
New View Consul-	ting & Design Lucy Pyle
Articles of Organization for this Limited Liability Company vida document number <u>L22000445526</u>	L. L. L. C.
amendment is submitted to amend the following:	
f amending name, enter the new name of the limited liabil	<u>~ · · · · · · · · · · · · · · · · · · ·</u>
New View Consulting and new name must be distinguishable and contain the words Limited Liability	y Company) the designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:	Jason Mickan
ncipal office address MUST BE A STREET ADDRESS)	
ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office acent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code

w Registered Agent's Signature, if changing Registered Agent:

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	nager		
= Aut	thorized Member <u>Name</u>	<u>Address</u>	Type of Action
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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. Remove second DAWN Mickan From the
Remove second DAWN Mickan From the authorized person detail. There should only
be one. Added incorrectly at time of
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ective date, if other than the date of filing: $\frac{ 0 25 22}{}$ (optional)
reffective 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 605.0207 ( te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
cument's effective date on the Department of State's records.
cord 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
od 10/25/22
Signature of a member or authorized representative of a member
DAWN Mickan
Typed or printed name of signee