



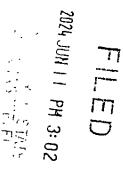
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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:	view Dr LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacky van Veldhoven		
		Name of Person	
		Firm/Company	·
	1660 Jewel Box Ave		
	Naples FL 34102		
	jackacqua@gmail.com	City/State and Zip Code	· · ·
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please ca	all:	
Jacky van Veldhoven		239 8217930 at ()	
Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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 enclosed)

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

2662 Riverview Dr. LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/09/2023}{1}$ and assigned Florida document number _L23000017970 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 "L.L.C." 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 City

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Elsa Cantoni	1660 Jewel Box Ave-Naples-FL-34102	
			Remove
			□Change
MGR Jacky van Veldhoven	1660 Jewel Box Ave-Naples-FL-34102	🗀 Add	
			Remove
		Change	
MGRM Elsa Cantoni	1660 Jewel Box Ave-Naples-FL-34102	■Add	
		□Remove	
		□Change	
MGRM	Jacky van Veldhoven	1660 Jewel Box Ave-Naples-F134102	= Add
			□Remove
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