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Y. SCOTT OCT - 8 2023

## **COVER LETTER**

TO: Registration Solution of Con				
SUBJECT:	ICE VIEW LOW	UN LLC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Paloma	Port 110 Name of Person		
	Nice View	) Laun Lu Firm/Company		
	2539 Lynr	1 Lake Circle S	APTD	SECRET DIVISION O 2023 SEP
		19 FL 33712 Jity/State and Zip Code		SECRETARY OF STATE OF CORPORATIONS 2023 SEP 25 PM 3: 27
	<u>Orgullolati</u>	notaxaal.com	) Igation)	STATE RATION 3: 2:
Kan from in farmation	concerning this matter, please c		ication)	27
D 1			*250	
raloma Po	Ot Person	at (941) 896	Telephone Number	
Name o	ot reison	Mea Code Dayunk	: retephone (vanoe)	
Enclosed is a check for the	he following amount:			
\$25.00 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 Stat Certified Copy (additional copy is en	
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	rtion	
Registration ! Division of C		Division of Corp	porations	
P.O. Box 632		The Centre of T		
Tallahassee,	nii 34314	2415 N. Monrou	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nice View Lawn Lice Name of the Limited Liability Companies of Organization for this Limited Liability Companies Law 1884	y were filed on July 17,2003 and assigned 0.55 a
This amendment is submitted to amend the following:	27 27
A. If amending name, enter the new name of the limited lia  NICE VIEW LAWN LLC  The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2539 Lynn Lake Circle S. APTI Saint Petersburg, Fl 33712
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2539 Lynn Lake Cir S. Apt D Saint Petersbry, Fl 33712
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	De Latinotax Autury LC  5 25m De F Suite II  Emer Florida street address
tlant	City Florida 34222 Zip 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 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	Address	Type of Action
AMBR	Paloma Poetillo	2539 Lynn Lake Cir S.	<b> )X</b> iAdd
		APT D	□Remove
		St Retersburg, FL 33712	□Change
AMPSIZ	Elias A. Ramirez	2539 Lynn Lake Cirs	<b>)</b> JAdd
		APT D	□Remove
		ST Petersburg, FL 33712	Change
			□Add
			□Remove
			□ Change
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Filing Fee: \$25.00