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COVER LETTER

	on of Corpo		15		
CHD IFCT.	1412	FAIRVIEW ILC	,		
SUBJECT:	110~	Name of Lim	ited Liability Company		
The enclosed A	rticles of An	nendment and fee(s) are sub	mitted for filing.		
Please return al	l correspond	ence concerning this matter	to the following:		
		MARIA NUUEZ	Name of Person	·	
			Name of Person		
		JUNICIA MAINE	Firm/Company		
		INVICTA LIVING LLC Firm/Company 32C9 EAGLE WATCH DO. Address KISSIMMEE, FL 34746 City/State and Zip Code NUNEZ QUIPOZ MARIA CO GMALL. COM E-mail address: (to be used for future annual report notification)			
For further info	rmation con		to be used for future annual		
Maoi	A NUNEZ		ar (30 t)	588-2624	k.
	Name of Po		Area Code	588 - 2624 Daytime Telepl	ione Number
Enclosed is a ch	neck for the f	following amount:			
\$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address: stration Sec	ction	<u>Street A</u> Registr	ddress:	
Divis	ion of Cor Box 6327		Divisio	on of Corporation of Callaha	
	BOX 6327 hassee, FL	32314		ntre of Tallana L Monroe Stree	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	ORGANIZATION	200
)F	
1462 FAIRVIEW LLC		
1462 FAIRVIEW UC (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	10 _{75 AC} 29 AU 4:08
The Articles of Organization for this Limited Liability Company		
Florida document number <u>1</u> 24 00033 9 162		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>. </u>
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 register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
	. Flo	orida
	City	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARCO MENACHEM	7952 TACKS CLUB DQ.	<u></u> ⊋∕\dd
		PEUDION, FL 34747	□Remove
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an effecti	date, if other than ve date is listed, the date the date inserted in th	e must be specific	and cannot be price		more than 90 days		
	's effective date on th						
record sp is filed.	pecifies a delayed effi				n, on the earlier o	f: (b) The 90th day	after the
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