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2024 AUG 30 PH 3: 1
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Amendment	of Person 5 Authorized to Manage CCC
The enclosed Articles of Amendment and fee	(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
	Diane G. Di Santis
	Causeway Vista LCC
	1104 Cause way Vista DR. Address J Vista DR.
· · · · · · · · · · · · · · · · · · ·	Tampa FL 33615 City/State and Zip Code
	7475 Together @ gmail. Con d'address (to be user for future annual report doutleation)
For further information concerning this matter	r, please call:
John Di Sants Name of Person	at (<u>275</u>) <u>808 - 7474</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount	;
\$25.00 Filing Fee	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Cenue of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	F 2 4
\bigcirc		FILED 2024 AUG 30 PM 3: 1 SECRETARY OF STATE 3034 LANGUAGE FL
(austwa.cj	Uista LCC	2024 AUG-30 DV
(A Florida I	Company as it now appears on our records.) Limited Liability Company)	SECTIONS.
The Articles of Organization for this Limited Liability Co	ompany were filed on $Aug. 14.3$	HON TALLAHAMAN OF STATE
The Articles of Organization for this Limited Liability Co Florida document number <u>99 - 374 50 50</u>	-·	www.mesee.Fl
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	the abbreviation "L.L. C."
Enter new principal offices address, if applicable:	\mathcal{L}/\mathcal{A}	
(Principal office address MUST BE A STREET ADDRI	ESS)	
	· ,	
Enter new mailing address, if applicable:	<i>NA</i>	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:	<i>N</i>	
New Registered Office Address:	Enter Florida street address	
·· ·	City	aZip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	implete performance of my duties, and I ent as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
	N/A	
	If Changing Registered Agent, Signature of Ne	w 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>	<u>Name</u>	Address	Type of Action
MGR	John Disantis	4104 Causeway Vista TAMPA, FL 33615	DR. Xadd
		TAMPA, FL 336/5	□Remove
			□Change
			□Add
			Remove
			□Change
•			□Add
			∐Remove
			(Change
			□Add
			□Remove
			[]Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			[]Chance

	NA
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If an ef Note:	tive date, if other than the date of filing:
ne reco ord is f	rd 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 fled.
Dated	8/23/24
	The last of the la
	Signature of a number or authorized representative of a member
	\ \

COVER LETTER

TO:

SUBJECT: <u>Ame</u>	ndment of Name of Lim	Person 5 Authorited Liability Company	cired to Manage CCC
Division of Corporations SUBJECT: Amendment of Person Security Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DIGNE Secure 1 Vista CCC Firen Company 41.04 Cause way Vista CCC Firen Company 41.04 Cause way Vista CCC Firen Company Address J Sold DR. Tampa FC 336/5 City/State and Zip Code District Feature annual report destrication) For further information concerning this matter, please call: Tohn Sold Secure 1 Sold Secure 1 Doytime Telephone Number Enclosed is a check for the following amount: XS25.00 Filing Fee Sold Status Certificate of Status & Certificate Copy Certific			
Please return all correspo	ondence concerning this matter	to the following:	
	— Dia	ne G Di Se	2 17/2 S
	<u>Cau</u>	Seway Vista	LCC
	4104	Cause way Vis	ta DR.
	Tan	n Pa FL 3361 City/State and Zip Code	/5
	7475 B-mail address: (Together @ 9/10 be used for feture annual report for	ngil. Com tication)
For further information of	oncerning this matter, please c	all:	
	Sants of Person	at (<u>375)</u> 80 Area Code Daytim	08 - 74 74 te Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		
Mailing Address Registration	Section	<u>Street Address:</u> Registration Se	ction
Division of C P.O. Box 632		Division of Cor	rporations
Tallahassee,		The Centre of T 2415 N. Monro	entanassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Causeway</u> U	ista LCC	FILED
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	Tex AUG 30 PH 3: 15
The Articles of Organization for this Limited Liability Company Florida document number <u>99 - 374,5050</u> .		SECHE ACO OF and assigned MACE FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office a 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:	U/-)	
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	City	Zip Code
Name Danistane d Augusta Ct. 1 15 1 1 15 1 1		

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>	<u>Name</u>		Type of Action
MGR	John DiSantis	4104 Cacise WAY Vista De	£ X∆dd
		4104 Cacise WAY Vista De TAMPA, FL 336/5	□Remove
			□Change
			□Add
			_ DRemove
			🗆 Change
			_ 🗆 Add
			_ EiRemove
			Change
			_ 🗆 Add
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			□Remove
			57 (2)

	NA
	
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_	
T. C.C.,	and the Continue of the Contin
Note: 1	tive date, if other than the date of filing:
e record rd is file	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 d.
Dated _	8/23/24
	Signature of a member or authorized representative of a member
	Typed or printed name of signee