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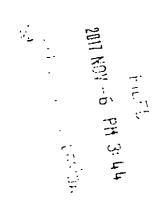
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Office Use Only



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C. GOLDEN NOV 0 8 2017

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: / ions View Assemblage, DOCUMENT NUMBER: N1400007345 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) daniel, w. rosers ir @ gurail. (any
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at 240.731. 7860

(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

. Articles of Amendment

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Articles of Incorporation		Fileb
	of	2017 NOV - 6 PM 3: 44
The Ziow's View Assen (Name of Corporation as cu	Norge Incom	1111111 0 111111
(Name of Corporation as cu	rrently filed with the Florida	Autoria constitution
(Name of Corporation as cu (Name of Corporation as cu (Document N		Authorita (1911) Santa (1911)
(Document N	umber of Corporation (if know	(n)
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For P	rofit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
Minsdow's View Assembly J name must be distinguishable and contain the word "corp	poration" or "incorporated" of	The new or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	3122 Kilkey	ing MD Zogoy
(Principal office address <u>MUST BE A STREET ADDRI</u>	5:1045 586	ing MD 70904
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3122 Kilker	nmy St
	Silver Spri	ny St ng MD 20964
		
D. If amending the registered agent and/or registered		ter the name of the
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:		
	(Floria	la street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		obligations of the position.
	Signature of New Registere	ed Agent, if changing

· M/.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add		_	
Remove			
3) Change			
Remove			
4) Change Add		_	
Remove			
5) Change Add		 	
Remove			
6) Change Add		_	
Remove			



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E. If amending or adding additional Articles; enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
tumen additional success, if necessary.	(De aproxy)			
	_			
-				
-				
				

The date of each amendment(s) adoption:	, if other than the
late this document was signed. Effective date if applicable:	
(no more than 90 days after amendment file date)	har than a language o
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be fisted as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 11 217	
Signature Law 2	_
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed of printed name of person signing)	
President	
(Title of person signing)	