## 491734

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## **COVER LETTER**

TO: Amendment Section

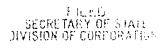
Division of Corporations NAME OF CORPORATION: \_ Lake Gardens Corporation DOCUMENT NUMBER: 491734 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John Martin Name of Contact Person Lake Gardens Corporation Firm/ Company 81 Lake Gardens Dr Address Lake Placid, FL 33852 City/ State and Zip Code lilabellehornbrook@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (765 ) 686-1247

Area Code & Daytime Telephone Number John Martin Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



Lake Gardens Corporation

2016 DEC 19 PM 1: 29

(Name of Corpora	ition as currently filed with the Florida Dept. of State)
491734	
(Docu	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the c	corporation:
n/a	The new
	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u> </u>
<ol> <li>If amending the registered agent and/or registened agent and/or the new registered</li> </ol>	tered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registerea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:
	. I am familiar with and accept the obligations of the position.
	anature of New Registered Agent if changing

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	<u>PT</u>	John Doe				
X Remove	$\underline{\mathbf{v}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Name	Address			
1) Change	Ť	Maxine Tomasson	75 Lake Gardens Dr			
Add X Remove			Lake Placid, Fl 33852			
2) Change	<u>T</u>	Cindy Hornbrook	34 Lake Gardens Dr			
X Add			Lake Placid, FL 33852			
Remove						
3 ) Change						
Add						
Remove						
4) Change						
Add						
5) Change		<u> </u>				
Add						
Remove						
6) Change						
Add			<del></del>			
Remove						

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del></del>	
•	
<u>(f an amendment provides for an exch</u>	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	ndment if not contained in the amendment itself;
(if not applicable indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment		J16	F III	if other than th
date this document was signed  Effective date if applicable:	December 13th, 2016		JIVISION OF C	JEPURALITY.
	(no more than	190 days after amendment file do	TE UEC 19	FH 1: 29
	this block does not meet the app he Department of State's records.		ents, this date wil	l not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
☐ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. Tere sufficient for approval.	he number of votes cast for the a	mendment(s)	
	re approved by the shareholders the dor each voting group entitled t			
"The number of votes	s cast for the amendment(s) was/w	vere sufficient for approval		
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The amendment(s) was/wer action was not required.	re adopted by the board of directo	ors without shareholder action and	d shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators wi	ithout shareholder action and sha	reholder	
Decer Dated	mber 13th, 2016			
Signature _	Dhuria DA	Tall		
	By a director, president or other of elected, by an incorporator – if in oppointed fiduciary by that fiduciar			
	John Martin			
	(Typed or printe	ed name of person signing)	· · · · · · · · · · · · · · · · · · ·	
	President			
	(Titl	le of person signing)		