112000/47959

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #) .
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

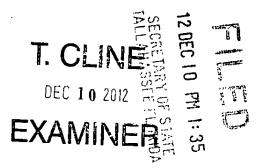
Office Use Only



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TO ACKROWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS



CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Name Date Time UCC Search UCC Retrieval Courier				<u> </u>				,	
LTD Partnership File	LAKE PARK ESTA	TE, LLC							
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Foreign Corp. File					Art of Inc. File			,	•
L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement ✓ Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Fictitious Search Fictitious Search Fictitious Search Driving Record Vehicle Search Driving Record Name Date Time UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Walk-In Will Pick Up Courier Fictitious Name Corrier Fictitious Name UCC 11 Retrieval Courier					LTD Partnership File				
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Lake Park Estate, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Astrid de Parry

Name of Person

Lake Park Estate, LLC

Firm/Company

107 East Church Street

Address

DeLand, Florida 32724

City/State and Zip Code

email@delandattorney.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Astrid de Parry

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lake Park Estate, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/27/2012 and assigned Florida document number L12000147959 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Frank A. Ford	Post Office Box 457	Add
•		DeLand, FL 32721	Remove
······································			Remove
		,	: :
			Add
			N2 DEC 19
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rame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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i	DOCEMPOLER 10, 2012.
	autum der
	Signature of a member or authorized representative of a member
	Astrid de Parry
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

12 DEC 10 PM 1: 35
SECRETARY OF STATE
SECRETARY OF STATE