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(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docui	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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2013 OCT 15 AM 10: 27

J. SAULSBERRY EXAMINER

OCT 15 2013

COVER LETTER

TO: Registration Section Division of Corpo		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	James B. La Bate Name of Person	
	Firm/Company	
	4300 NF 23rd AUL Address	
	Ft. Lauderdal, Fl. 33308 City/State and Zip Code	2013 OCT
	I labate @ bell south.net Email address: (to be used for future annual report notification)	-
For further information con	cerning this matter, please call:	:
Laura C Name of P		AH 10: 27
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &

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 Adv			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now app Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Florida document number		9/18/2013	3 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company l	nere:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Con	npany," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			22
			ì
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	 		27
·	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		. <u> </u>	
New Registered Office Address:		Enter Florida street aa	ldress
		, Florida _	
	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 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.

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	La Bate, Lynn	4300 NE 23rd Ave.	Add
	·	Ft Loude rdale, FJ 3330	Remove
			_
			Remove
			_
			Add
			Remove
			2013
			Remove 27
			0: 27
			Add
			Remove
			_
		·	Add
			Remove

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
September 23, 2013.
a for
Signature of a member or authorized representative of a member
James B. La Bate Typed or printed name of signee
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00