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(Requestor's Name)
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## **COVER LETTER**

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SUBJEC	· · · · · · · · · · · · · · · · · · ·					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		AMBER COLEMAN				
			Name of Person			
		GEOSAM CAPITAL US				
			Firm/Company			
		424 LUNA BELLA LANI	E. SUITE 122			
			Address	-, -	rgi	
		NEW SMYRNA BEACH.	FL 32168	1	<b>刨 007 29</b>	TILE
	City/State and Zip Code				29	i m
		YOUNGT@ARMCOCAP.	to be used for future annual report notific	ation)	J	Ö
For furthe	er information c	oncerning this matter, please ca	-			
TRINA	YOUNG		902 423-4000 EXT	. 251	W 7/2	
	Name o	f Person	at ()	Telephone Number		
Enclosed	is a check for th	ne following amount:				
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE DENHAM VENTURES 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  $\frac{09/22/2016}{1}$ and assigned Florida document number L16000096951 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 424 LUNA BELLA LANE, SUITE 122 Enter new principal offices address, if applicable: NEW SMYRNA BEACH, FL 32168 (Principal office address MUST BE A STREET ADDRESS) 424 LUNA BELLA LANE, SUITE 122 Enter new mailing address, if applicable: NEW SMYRNA BEACH, FL 32168 -(Mailing address MAY BE A POST OFFICE BOX) 0 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: JAMES A. STOWERS, ESQ. Name of New Registered Agent: 424 LUNA BELLA LANE, SUITE 122 New Registered Office Address: Enter Florida street address , Florida 32168
Zip Code NEW SMYRNA BEACH

## 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

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Page 3 of 3

Filing Fee: \$25.00