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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT
Account Number : I20170000084
Phone : (407)909-9957
Fax Number : (407)909-9984

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: michelle.dachman@tavistock.com

SEP-6 AM 9:13

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TAM HOLD COMPANY 10, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAM Hold Company 10, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Dadisman

Name of Person

Raystock Financial, LLC

Firm/Company

9350 Conroy Windermere Road

Address

Windermere, FL 34786

City, State and Zip Code

michelle.dadisman@raystock.com

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

For further information concerning this matter, please call:

Michelle Dadisman

407

989-0957

Area Code

District 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 &
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☐ \$60.00 Filing Fee
Certificate of Status &
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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

2018 SEP -6 AM 9:13

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAM Hold Company 10, 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 November 27, 2017 and assigned
Florida document number 137060212666

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

LNT Office III, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC"

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:

One Florida street address

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 duty, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

D. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary)*

Sept 19

F. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (if prior art)

Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 5, 2018

Signature of a member or authorized representative of a member

Michelle R. Rencoret, Vice President

Typed or printed name of signer