

L18 000 073 341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

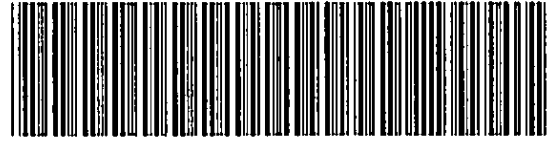
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000400656580

01/20/23--01008--017 **30.00

2023 JUN 20 11:44:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7900 N. FEDERAL, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

AGNELO GONSALVES
Name of Person
BROOKEVILLE ASSOCIATES, LLC
Firm/Company
1013 LUCERNE AVE, SUITE 300
Address
LAKEWORTH, FL 33460
City/State and Zip Code
AGG2100@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2003 JUN 20 PM 4:03

For further information concerning this matter, please call:

AGNELO GONSALVES 301 928 9604
Name of Person at (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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

7900 N. FEDERAL, 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 03/21/2018 and assigned Florida document number L18000073341.

This amendment is submitted to amend the following:

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

301 LAKE AVE HOLDINGS, LLC

The new name must be distinguishable and contain 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)

1013 LUCERNE AVE, SUITE 300

LAKEWORTH, FL. 33460

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1013 LUCERNE AVE, SUITE 300

LAKEWORTH, FL. 33460

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: BROOKEVILLE ASSOCIATES, LLC

New Registered Office Address: 1013 LUCERNE AVE, SUITE 300

Enter Florida street address

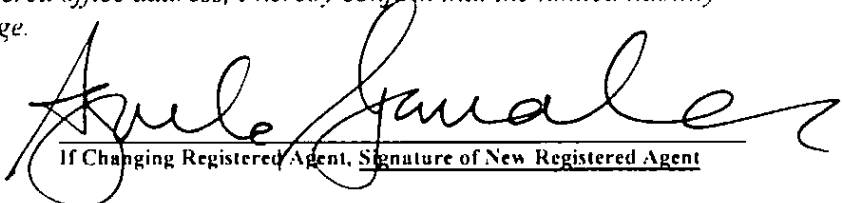
LAKEWORTH, Florida 33460

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 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>
MGR	AGNELO GONSALVES	21516 NEW HAMPSHIRE AVE	<input type="checkbox"/> Add
		BROOKEVILLE, MD 20833	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	AGNELO GONSALVES	21516 NEW HAMPSHIRE AVE	<input type="checkbox"/> Add
		BROOKEVILLE, MD 20833	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

