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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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C. GOLDEN

JUN - 6 2019

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	Change of			
30031	CCT:		nited Liability Company	·
		Amendment and fee(s) are sui	Ť	
Please t	return all correspo	ondence concerning this matter	r to the following:	
		Michael Leeds		
		Shagbark Properties	Name of Person	· · ·
		5422 Bay Center Drive. S	Firm/Company uite 120	
		Tampa, FL 33609	Address	
		michael@shagbarkfl.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notif	ication)
For fur tl	her information c	oncerning this matter, please c	all;	
Michael	Leeds		813 766-7018	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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:

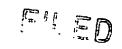
TO:

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**



RAMPART & HERITAGE LAKES, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
Florida document number L19000024641
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
64 & LWR, 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)
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
riia.
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

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
-			
			□ Remove
			☐ Change
			Add
			□ Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			Remove

Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated May 16 2019 Signature of a member or authorized representative of a member.				
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Filing Fee: \$25.00