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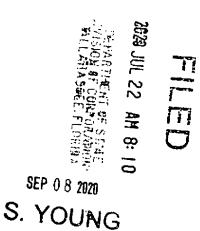
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
THE PART OF STREET	Management LLC		
acbject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shaileshkumar Patel		
	<del></del>	Name of Person	
	Lakefield Management LL	C	
	<del> </del>	Firm/Company	
	7901 4th St N, STE 300		
		Address	
	St Petersburg, FL 33702		
		City/State and Zip Code	
	lakefieldmanagement@gma		
	E-mail address: (	to be used for future annual report i	notification)
For further information e	oncerning this matter, please ca	all;	
David Svee		323 363-6455	;
Name o	t Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	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 Addres Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		Section Corporations of Tallahassee proe Street, Suite 810

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

Lakefield Management LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our recipility Company)	cords.)
(XIII (VIIIII IXIIII IXIII)	aomiy company)	7 - CO
The Articles of Organization for this Limited Liability Company	were filed on April 1, 2020	and assigned
Florida document number L20000094640		22 F
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	0
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	.ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Shaileshkumar Patel	26540 Ace Ave Leesburg, FL 34748	<b>≡</b> Add
			□Remove
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Effective date, if other than If an effective date is listed, the date		a pring to data of filing or m	(optional)	Purcuent to 605 0207 (
St. 4. Telebrahamin and finals'	s block does not meet the a	applicable statutory filing	g requirements, this date w	ill not be listed as t
	e Department of State's re-	enrds.		
document's effective date on th				
document's effective date on the	ctive date, but not an effec	tive time, at 12:01 a.m. o	on the earlier of: (b) The	90th day after the
document's effective date on the	etive date, but not an effec	tive time, at 12:01 a.m. (	on the earlier of: (b) The	90th day after the
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