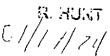
# L24000012591

(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



200419582552



# Incorporating Services, Ltd.

**inc**serv<sup>o</sup>

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

#### **ORDER FORM**

TO

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE: 1/16/2024

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1223367

ORDER ENTITY

CENTER LAKE FLORIDA LLC

PLEASE PERFORM THE FOLLOWING SERVICES: CENTER LAKE FLORIDA LLC (FL)	· · <del>-</del> ·-	 	
File the attached amendment			် လ တက ကား

		-	 	-		-	 
NOTES:	 	_	 		 _		
\$25.00 Authorized			 -				

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, January 16, 2024 Page 1 of 1

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: _Center Lake	Florida LLC					
		ited Liability Company		_		
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.				
Please return all correspond	ence concerning this matter	to the following:				
	Jared Leon					
		Name of Person				
	Center Lake Florida I	.I.C		_		
		Firm/Company				
	36 Caruso Place					
		Address				
	Armonk, New York 105	04			- 3	
	<u> </u>	City/State and Zip Code				
	jaredleon(H@yahoo.com			-		
•	E-mail address: (	to be used for future annual report notific	ration)			1
For further information cond	eerning this matter, please c	all:		EE'F	PH 4: 32	
Jared Leon		at (917) 885-3613 Area Code Daytine		TE	32	
Name of Pe	erson	Area Code Daytime	Telephone Nun	iber		
Enclosed is a check for the f	following amount:					
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	Filing I ficate of a fied Copy onal copy i	Status &	
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe	orations Hahassee	e <b>8</b> 10		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Center La	ake Florida LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now apper Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on_	December 31, 2023	and assigned
Florida document number <u>L24000012591</u>	<u>.</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company	here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		<u>:</u> :
			<u>-</u>
Enter new mailing address, if applicable:		· Ç	, . ,
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	
		 r	12 ω
		· <del>-</del>	
B. If amending the registered agent and/or registered	d office address on our	records, enter the nai	me of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
	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>	Address	Type of Action
MGR	_Jared_Leon	36 Caruso Place	□Add
		Armonk, New York 10504	⊠Remove
			□Change
MGR_	Center Lake Management LLC	36 Caruso Place	\ \ \ \ \
		Armonk, New York 10504	Remove
			□ Change
		<del></del> -	□Add
			Remove
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		, .			
ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior	or to date of filing or r	nore than 90 days afte	io <b>nal)</b> er filing.) P	ursuant to 6	05.020
e: If the date inserted in this block does not meet the appl ument's effective date on the Department of State's record		ng requirements, th	is date wi	ll not be 1	isted a
, , , , , , , , , , , , , , , , , , ,					
cord specifies a delayed effective date, but not an effective	time, at 12:01 a.m.	on the earlier of: (	h) The 9	0th day at	iter the
s filed.					
ed January 16	·				
Jared Leon					
Joseph 1 600 (Jan 16, 2024 14 50 EST)	hilainal anna mantatin	e at a number			
Signature of a member or aut	monzeu representativ	e tri a member			

Filing Fee: \$25.00