N25000004527

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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account: 120210000160: \$_35.00_____ Authorization Signature Ladle Lake Community Arts, Inc. N25000004527 #Document Business Name Will wait Walk in Certified Copy of the amendment Certificate of Status: **AMENDMENTS NEW FILINGS** Profit X Amendment Resignation of R.A. Not for Profit ____Change of Registered Agent LLC Revocation of Dissolution Domestication Conversion INC ___Statement of Authority CORP Merger LP **REVOCATION OF DISSOLUTION** REGISTRATION/QUALIFICATIONS **OTHER FILINGS** Foreign Filing TRANSMITTAL LETTER Partnership Reinstated Articles of Organization Fictitious Name Statement of CORRECTION ____ Statement of Authority Domestication of a Foreign Corp_ **COUNTRY** APOSTIL Other

COVER LETTER

TO: Amendment Section
Division of Corporations

(Name of Contact Person) Lake Community Arts (Firm/ Company) 5545 Bowman Drive (Address) Winter Garden, FL 34787 (City/ State and Zip Code) lakecommunityarts@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	NAME OF CORPORATI	Lake Community Ar	ts, Inc.			
Please return all correspondence concerning this matter to the following: Leiland Theriot (Name of Contact Person) Lake Community Arts (Firm/ Company) 5545 Bowman Drive (Address) Winter Garden, FL 34787 (City/ State and Zip Code) lakecommunityarts@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leiland Theriot (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee Certificate of Status (Additional copy Certificate Of Status (Additional copy is enclosed) (Additional copy is						
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Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303



August 14, 2025

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: LAKE COMMUNITY ARTS, INC.

Ref. Number: N25000004527

We have received your document for LAKE COMMUNITY ARTS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name how is appears on DOS records.

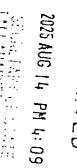
If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

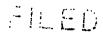
If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 725A00018076



Articles of Amendment to Articles of Incorporation of



2025 AUG 14 AM 8: 13 Lake Community Arts Inc. (Name of Corporation as currently filed with the Florida Dept. of State) MARY OF STATE N25000004527 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida _ (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

and address of each (Attach additional she) Please note the officer, P = President; V = Vic	Officer and/or Dir ets, if necessary) /director title by th ve President; T= Ti () = Chief Financia	ector being added: ne first letter of the office title: reasurer; S= Secretary; D= Director; TR al Officer. If an officer/director holds mo	ficer/director being removed and title, name, = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office
Changes should be not a change, Mike Jones Mike Jones, V as Remo	leaves the corpora	tion, Sally Smith is named the V and S . Th	the PST and Mike Jones is listed as the V. There is nese should be noted as John Doe, PT as a Change,
Example: X_Change X_Remove X_Add		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Nathaniel "Chad" McClellan	5545 Bowman Drive Winter Garden, FL 34787
Remove			
2) Change Add	<u>T</u>	Nathniel McClellan	5545 Bowman Drive Winter Garden, FL 34787
X Remove 3) Change X Add Remove	<u>T</u>	Roberta Hyland	1125 Winding Water Way Clermont, FL 34714
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ad (attach additional s		articles, enter change(s) here:). (Be specific)	

The date of each amendment(s) adoption:	· · ·	
Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the		
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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

□.	There are no men adopted by the bo	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
	Dated	8/13/2025
	Signature	Xiler Herrid
		(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		Leiland Theriot
		(Typed or printed name of person signing)
		President

(Title of person signing)

2025 AUG 14 AM 8: 13