# 106000052480

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2016 FEB 11 PH 2: 59

K.SALY EXAMINER FEB 12

# LAW OFFICES Green & Piotrkowski, PLLC

A Professional Limited Liability Company

317 SEVENTY-FIRST STREET MIAMI BEACH, FLORIDA 33141

Marvin M. Green (Deceased) Jeffrey R. Hall Joel S. Piotrkowski

E-MAIL: joel@gkppa.com

OFFICE: (305) 865-4311 FACSIMILE: (305) 861-8813

February 10, 2016

Via Federal Express:
Department of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle West
Tallahassee, FL 32301

Re:

Lakeside Gardens of Plant City, LLC/Document No. L06000052480

Articles of Amendment

#### Gentlemen:

Enclosed herewith is original and copy of Articles of Amendment for Lakeside Gardens of Plant City, LLC, together with our check in the amount of \$60.00 for the required filing fees. Please return to the undersigned the Certified Copy and Certificate of Status.

Your prompt attention to this matter is appreciated.

Very truly yours

JOEL S. PIOTRKOWSKI

JSP:ss Enclosures

### **COVER LETTER**

	gistration Sec vision of Corp			
SUBJECT:	LAKESIDE	GARDENS OF PLANT CITY	, LLC	
SUBSECT.	· · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please retun	all correspon	dence concerning this matter t	to the following:	
		Joel Piotrkowski		
•			Name of Person	<del></del>
		Green & Piotrkowski, PLL	С	
			Firm/Company	
		317 - 71st Street		
			Address	<del></del>
		Miami Beach, FL 33141		
		<u> </u>	City/State and Zip Code	<del></del>
		joel@gkppa.com		
		·	o be used for future annual report notific	ation)
For further i	nformation co	ncerning this matter, please ca	ill:	
Joel S. Piotr	kowski		305 865-4311	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		1
[` \$25.00]	Filing F <b>e</b> e	☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 FEB 11 PM 2:59

LAKESIDE GARDENS OF PLANT CITY, 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  $\frac{05/11/2006}{1}$ and assigned Florida document number \_\_\_\_\_L06000052480 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

#### 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>	Type of Action
AMBR	Ben Reiler	304 Indian Trace #534	Add
		Weston, FL 33326	■ Remove
			Change
MGRM	David McMillan	7808 Habersham Dr	
		Lakeland, FL 33810	■ Remove
			Change
AMBR	Balda Properties LLC	1924 S Patrick Drive	
		Indian Harbour Beach, FL 32937	■ Remove
			☐ Change
MGR	Daniel Reiter	304 Indian Trace #534	D Add
		Weston, FL 33326	□ Remove
			☐ Change
<del></del>			☐ Add
			And And
			N. S. Remove
			□ Change

Article II: Duration - I ne du	uration of the limited liability company shall commence upon the filing of these of
Articles of Organization with	th the Florida Department of State and the issuance of the certificate of organizati
and shall terminate on Januar	ary 31, 2063, unless the Company is dissolved sooner.
<del></del>	
	F.O. 6
	<u> </u>
ffective date is listed, the date mu	te date of filing:(optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.
: If the date inserted in this b ment's effective date on the D	
ment's effective date on the D	ed effective date, but not an effective time, at 12:01 a.m. on the ecord is filed.
ment's effective date on the Decord specifies a delaye	cord is filed.

Page 3 of 3

Filing Fee: \$25.00