

L17000046312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

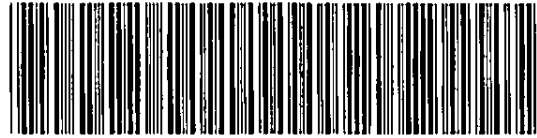
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
JULIA A. HARRIS

PRICE  
AUG 22 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 545 LAKESIDE CIR, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMEN ESCALA  
Name of Person

Firm/Company

2269 S. UNIVERSITY DR #135  
Address

DAVIE FL 33324  
City/State and Zip Code

ESCALA CARMEN@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMEN ESCALA at (954) 236-7290  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:  
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

545 LAKESIDE CIR 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 02/27/2017 and assigned Florida document number L17000046312

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2269 S. UNIVERSITY DR. #135  
DAVIE, FL  
33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2269 S. UNIVERSITY DR. #135  
DAVIE, FL  
33324

**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:

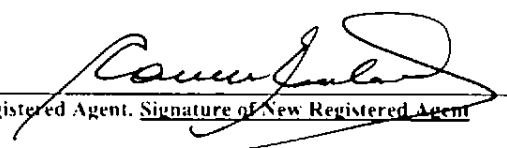
CARMEN ESCALA

New Registered Office Address:

2269 S. UNIVERSITY DR #135  
Enter Florida street address  
DAVIE Florida 33324  
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>                  | <u>Address</u>                        | <u>Type of Action</u>                                                      |
|--------------|------------------------------|---------------------------------------|----------------------------------------------------------------------------|
| MGR          | SANTOLALLA CORDOVA,<br>MARIA | 545 LAKESIDE CIR<br>SUNRISE, FL 33326 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                              |                                       | <input type="checkbox"/> Change                                            |
|              |                              |                                       | <input type="checkbox"/> Add                                               |
|              |                              |                                       | <input type="checkbox"/> Remove                                            |
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|              |                              |                                       | <input type="checkbox"/> Remove                                            |
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|              |                              |                                       | <input type="checkbox"/> Remove                                            |
|              |                              |                                       | <input type="checkbox"/> Change                                            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

22

21

100-8

E. Effective date, if other than the date of filing: AUGUST 21 2017 (optional)

(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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 18, 2017

~~Signature of a member or authorized representative of a member~~

CARMEN ESCALA

Typed or printed name of signee