## 118000030359

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SECRETARY OF SIMPLE DIVISION OF CORPORATIONS

N COOPER JUN 18 2018

## **COVER LETTER**

TO:	Registration Se Division of Cor			
		JNTY PREMIER PROPERTIE	ES, LLC	
SUBJ	ECT:	Name of Lun	ited Liability Company	
The cr	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please	return all correspo	ndence concerning this matter	to the following:	
		JESSICA RUE		
			Name of Person	
		KABA CONSULTING IN	С	
			Firm Company	
		1655 E HIGHWAY 50, SU	<b>ЛТЕ 203</b>	
		-	Address	
		CLERMONT, FL 34711		
			City/State and Zip Code	·
		JESSICA@KABACONSUI	LTING.COM to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please co	·	,
JESSI	CA RUE		352 243-8460 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclo:	sed is a check for th	ne following amount:		
<b>≡</b> \$2	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

TO:

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

LAKE COUNTY PREMIER PROPERTIES, LL		
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L18000030359	npany were filed on <u>02/02/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del> .
(Principal office address MUST BE A STREET <u>ADDRES</u>	SS)	16 16
		<u> </u>
Pakananan mailian addanan ikanakan kan		
Enter new mailing address, if applicable:		<b>5</b>
(Mailing address MAY BE A POST OFFICE BOX)		9: West
B. If amending the registered agent and/or register registered agent and/or the new registered office address		er the name of the ne
Name of New Registered Agent:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	FRANCES HOWELL CLINKSCALES	16129 HARBOR OAKS DR	<b>⊟</b> Add
		MONTVERDE, FL 34756	□ Remove
			□ Change
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			<u></u>	
E. Effective date, if other than the d	late of filing:	date of fiting a gave there 0	(optional)	venu r., 605 020°
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicabl	e statutory filing require	ments, this date will i	not be listed as
If the record specifies a delayed (b) The 90th day after the reco		an effective time, at	: 12:01 a.m. on t	he earlier of
DatedDated	2018			
Dated JUNE 11TH  Mallhow S	Matthews			
	agnature of a member or authoriz 'S	co representative of a men	idei	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00