PO4 COOC 19705

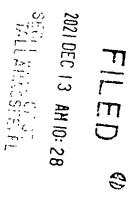
(Requi	estor's Name)	
(Addre	ess)	
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(City/S	state/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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C. BRUMBLEY DEC 29 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LAKESIDE VILLA	AGE OF DAVIE, INC	
DOCUMENT NUMI	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JORDAN KLEMOW		
		Name of Contact Persor	
	LAKESIDE VILLAGE OF D	AVIE, INC	
		Firm/ Company	
	6950 GRIFFIN ROAD		
		Address	<u> </u>
	DAVIE, FL 33314		
		City/ State and Zip Code	
	JKLEMOW@KLEMOW-IN	C.COM	
	_	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JORDAN KLEMOW		at (321-8731
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	ir the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LAKESIDE VILLAGE OF DAVIE, INC

(Name of Corporation as cur	rrently filed with the Florida Dept, of State)
P04000019708	
(Document Num	aber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporatio	on:
	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "i	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	20
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	210
C. Enter new mailing address, if applicable:	Sign ≥ III
(Mailing address MAY BE A POST OFFICE BOX)	
	28
	8
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office add	ldress:
Name of New Registered Agent	
(Flori	rida street address)
New Registered Office Address:	, Florida
Wen Registred Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	Agent: with and accent the obligations of the position
т петену исхерт те арролитет ах гедіметей адет. Тат запо	man wan aan accept are configured by the position.
<u></u>	
Signature of N	New Registered Agent, if changing

Check if applicable

 \blacksquare The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DVS	HAROLD KLEMOW	6950 GRIFFIN ROAD
Add			DAVIE. FL 33314
X Remove			
2) Change	DVS	JENNIFER KLEMOW	6950 GRIFFIN ROAD
X Add			DAVIE, FL 33314
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
····	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor apprealine, miretae com)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK_ONE</u>)	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendm sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	······································	
•	(voting group)	
DECEN Dated	IBER 08, 2021	
selec	director, president or other officer – if directors or officers have not be act, by an incorporator – it in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	court
	JORDAN KLEMOW	
	(Typed or printed name of person signing)	<u>-</u>
	PRESIDENT	
	(Title of person signing)	