

ADDB9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

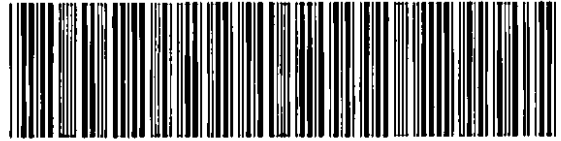
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 APR -5 A 11:36

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OFFICE OF STATE  
18 APR -5 PM 4:11

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 148967 7374919

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE : April 5, 2018

ORDER TIME : 3:51 PM

ORDER NO. : 148967-005

CUSTOMER NO: 7374919

DOMESTIC AMENDMENT FILING

NAME: LAKE EAST ASSOCIATES, LTD.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAKE EAST ASSOCIATES, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**AMY SORGE**

Contact Person

**CORPORATION SERVICE COMPANY**

Firm/Company

**251 LITTLE FALLS DRIVE**

Address

**WILMINGTON, DE 19808**

City, State and Zip Code

**AMY.SORGE@CSCGLOBAL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**AMY SORGE**

Name of Contact Person

at ( **800** ) **927-9801**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

LAKE EAST ASSOCIATES, LTD

Insert name currently on file with Florida Department of State

A07089

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

**FIRST:** The reason for filing this statement of correction is:

- ☒ The record contained false or erroneous information.  
☐ The record was defectively signed.

**SECOND:** This statement corrects 2018 ANNUAL REPORT

Specify document type being corrected

filed with the Florida Department of State on 03/06/2018

Insert date document filed with Dept. of State

**THIRD:** The false or erroneous information or defect is as follows:

GENERAL PARTNERS WERE LISTED INCORRECTLY AS CORPORATIONS

WESTCO BUILDERS INC

NDC REALTY INVESTMENTS, INC

**FOURTH:** The false or erroneous information or defect is corrected as follows:

BOTH GENERAL PARTNERS SHOULD BE LISTED AS FOLLOWS

NDC Realty Investments LLC

Westco Builders LLC

2018 APR 15 AM 11:35  
FILED  
TALLAHASSEE  
FLORIDA  
SOS

FILED

Signature of a general partner\*:

(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign.)

NDC Realty Investments LLC

Westco Builders LLC

By: Keystone Values, its sole member

By: Keystone Values, its sole member

By: Sarah T. Boehs  
Sarah T. Boehs, Assistant Secretary

By: Sarah T. Boehs  
Sarah T. Boehs, Assistant Secretary

Signature(s) of new general partner(s), if any:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

*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.*

\_\_\_\_\_  
Signature of Registered Agent

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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FILED IN OFFICE OF THE CLERK  
OF THE STATE OF ARIZONA

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