

L020000026435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

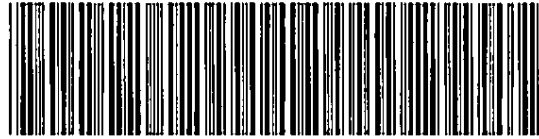
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY - 1 PM 5:20
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am
5/18/20

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Lakeland Homes, 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:

Jeannie Graveran-Santana

Name of Person

Lakeland Homes, LLC

Firm/Company

3450 West 84 Street, Suite 201

Address

Hialeah, FL 33018

City/State and Zip Code

jgraveran@jeanniehomes.net

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

For further information concerning this matter, please call:

Jeannie Graveran-Santana

Name of Person

305

at ()

Area Code

557-1253

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Lakeland Homes, LLC

The Articles of Organization for this Limited Liability Company were filed on October 7, 2002 and assigned Florida document number L02000026435

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:

3450 West 84 Street

(Principal office address MUST BE A STREET ADDRESS)

Suite 201

Hialeah, FL 33018

Enter new mailing address, if applicable:

3450 West 84 Street

(Mailing address MAY BE A POST OFFICE BOX)

Suite 201

Hialeah, FL 33018

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

Florida

Cin'

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

2020 MAY -1 PM 5:20

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	Nelson Graveran	3450 West 84 Street	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Hialeah, FL 33018	<input type="checkbox"/> Change
MGR	Isabel Cristina Graveran	3450 West 84 Street	<input checked="" type="checkbox"/> Add
		Suite 201	<input type="checkbox"/> Remove
		Hialeah, FL <u>33018</u>	<input type="checkbox"/> Change
MGR	Jeannie Graveran-Santana	3450 West 84 Street	<input checked="" type="checkbox"/> Add
		Suite 201	<input type="checkbox"/> Remove
		Hialeah, FL 33018	<input type="checkbox"/> Change
AMBR	Nelson Graveran Jr.	3450 West 84 Street	<input checked="" type="checkbox"/> Add
		Suite 201	<input type="checkbox"/> Remove
		Hialeah, FL 33018	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. *Chlorophyll a* (Chl *a*)

[illegible]

E. Effective date, if other than the date of filing: _____ (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 April 24

2020

2020

Samuel Brainerd

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Jeannie Graveran-Santana

Typed or printed name of signee

Filing Fee: \$25.00