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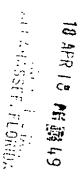
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COVER LETTER

SUBJECT: Lake Placed Emerald Properties, 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:
Michael J. Fitzpatrick Name of Person
hake Placid Emercial Properties, LLC
1335 Youth Camp Road
City/State and Zip Code Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael J. Fitzpatrick at (954) 609-9445 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Nake Placid Emerald Properties LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A F10)	rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>ト</u> 0300005日	• • • • • • • • • • • • • • • • • • • •
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the li	emited liability company here:
The new name must be distinguishable and contain the words "I	imited 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 AD.	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter 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, 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>	Type of Action
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ffective	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	onal) r filing.) Pursua	ant to 605.02
ote: If the ocument'	the date inserted in this block does not meet the applicable statutory filing requirements, this seffective date on the Department of State's records.	a m. on th	e earlier
ote: If the comment's		a.m. on th	e earlier
ote: If the coment'	s effective date on the Department of State's records. I specifies a delayed effective date, but not an effective time, at 12:01 a	a.m. on th	e earlier

Page 3 of 3

Filing Fee: \$25.00