L04 0000 18102

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Office Use Only C 111X |
| Office Use Only (111) |



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**6 APR 18 PM 1: 15

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: LOCKWOOD Lane Development Group LCC (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: |
| Mark A Brackett (Name of Person) |
| Brackett & Company) |
| PO BOX 1328 (Address) |
| VeroBeach FL 32961 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Quyen Ham: Itan at (772) 567-9255 PB (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Solon Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |
| |

MAILING ADDRESS:

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

(A Florida Limited Liability Company)

| FIRST: | The Articles of Organization were filed on March 7, 7004 and assigned document number 04,000 18162. | |
|---------|---|----------|
| | document number <u>04000 18162</u> | |
| SECOND: | : This amendment is submitted to amend the following: | |
| | - Change name to: Lockwood | |
| | lane Acquisition Group, LLC. | |
| | - Change Mailing address to 50 \$ | ÷ |
| | P.O. BOX 1328 | <u> </u> |
| | vers Black, FL 32961 = 199 = | |
| | | |
| | *** | |
| | | |
| Dated | April 6. , Zaxo. | - |
| | MS | |
| | Signature of a member or authorized representative of a member | • |
| | Mark A. Brackott | |

Filing Fee: \$25.00

Typed or printed name of signee