

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From

Account Name : ARNOLD MATHENY & EAGAN, P.A.

Account Number : 120000000141 Phone : (407)841-1550

Fax Number : (407)420-1829

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MECEIVED 9 SEP 14 PH 4: 19 EGIETAGI CH STATE LLAHASSEE, FLORIDA

## LAKE REALTY, LLC

Certificate of Status	0
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EXAMINER

9/14/2009

#### H090002006573

#### **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT:	LAKE RE Name of Lim	ALTY LLC .  nited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.	· ·			
Please return all correspon	ndence concerning this matte	to the following:				
	CHAIN	PALI KARVE Name of Person				
	LAKE	REALTY LLC Firm/Company				
	33435	E. LAKE JOANNA Address	DRIVE			
	EUSTS,	FL 32736 City/State and Zip Code				
ashish_karve@hotmail.com						
For further information co	ncerning this matter, please	call:				
CHAJTRALI Name of	KARVE	at ( <u>352) 455 ° C</u> Area Code & Daytime T	ol64			
Hum Or	, craon	· · · · · · · · · · · · · · · · · · ·				
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Pee & Certificate of Status	S55.00 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/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H090002006573

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any se it now annears o	m our records.)		
	Liability Company)		,	
The Articles of Organization for this Limited Liability Company	y were filed on DeC	ember 21	2011 and assigned	1
Florida document number <u>L0400092410</u>	•		•	
. 101100 000000000000000000000000000000				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
Lake Investment & Real Estate, LLC	C			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company	," the designation '	'LLC" or the abbrev	iation
Enter new principal offices address, if applicable:	N	Δ		<del></del>
(Principal office address MUST BE A STREET ADDRESS)				0
			9	33 <u>₹</u>
			Ř	ᅙᄶ
Enter new mailing address, if applicable:	N	٨		유
(Mailing address MAY BE A POST OFFICE BOX)			35>>	ORPORATION
				POR FS]
			<u>~</u>	
B. If amending the registered agent and/or registered of		records, enter	the name of He	new
registered agent and/or the new registered office address her	<u>re</u> :			
	<b>.</b>	Λ.		
Name of New Registered Agent:	<u>N</u>			
New Registered Office Address:				
	Enter Florida street address Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	i			

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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
NA	NA		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE OF STATE OF CORPORATIONS  09 SEP 14 AM 8: 25
Dated S	september 2 , 200	29. Mui	_
•		authorized représentative of a member	<u></u>
•	Typed or	ILI A KARVE printed name of signee	

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Filing Fee: \$25.00