## L0500031514

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	LLIS INVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CARLOS J BONILLA		
		Name of Person	<del>.</del>
	LAKE WILLIS INVESTM	MENTS LLC	
		Firm/Company	
	7901 KINGSPOINTE PA	RKWAY STE 8	
	· · · · · · · · · · · · · · · · · · ·	Address	
	ORLANDO, FLORIDA 3	2819	
		City/State and Zip Code	
	CARLOS@ELPGLOBAL		
The Control of Control		to be used for future annual report notifi	ication)
	oncerning this matter, please c	aii:	
CARLOS J BONILLA		407 557-6208 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Addres Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	orations AHARY Street, Suite 81%

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKEW	LLIS INVESTMENTS LLC
( <u>Name of the Limited Liab</u> (A Flori	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $\frac{1.05000031514}{1.0000031514}$	Company were filed onMARCH 5, 2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	nited liability company here:
The new name must be distinguishable and contain the words "Li	nited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address -
	Florida in Education City
	City Zip Tude
New Registered Agent's Signature, if changing Register	ed Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	and agree to act in this capacity. I further agree to comply with to complete performance of my duties, and I and familia with drift agent as provided for in Chapter 605, F.S. OF it his to cumuls sed office address. I hereby confirm that the limited liability

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
MGR	SIMONE NEGRI	7901 KINGSPOINTE PARKWAY STE 8 ORLANDO FL 32819	<b>=</b> Add
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			□ Change
		<del></del>	🗆 Add
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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bl	st be specific and cannot be prior ock does not meet the applic	able statutory filing red	(optional) han 90 days after filing quirements, this date	.) Pursuant to 605,0207 (3
ocument's effective date on the D	epartment of State's records.			
record specifies a delayed effectivis filed.	e date, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) Tl	SE DOUBLE CHEST
FEBRUARY 20	2024			ARY OF ST