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(Re	equestor's Name)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
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SECRETARY OF STATE
ALLAHASSEF, FI TOBE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Eros Propenties Lake View Inn, (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:			
Cheis Osmon (Name of Person) SECRETARY OF STATE TARY OF STATE TARY OF STATE TO STAT			
For further information concerning this matter, please call:			
Chris Osmon at 863 581-7533 (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) \$55.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Lake View INN, UC	
	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on 7/26/2005 and assigned document number 10500074755	
SECOND:	This amendment is submitted to amend the following:	
	Name Change To ?	
	House Wizards, UC	_
	SECR	_
	JAN II	
	SEE, F	<u> </u>
	F STATE FLORIDA	_ 0
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Dated	1-15,07	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Filing Fee: \$25.00