## L06000042586

(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:

Office Use Only



300242161753

01/10/13--01025--005 \*\*60.00

2013 JAN 10 AM 8: 48

C. LEWIS

JAN 1 1 2013

EXAMINER

## **COVER LETTER**

**Registration Section** TO:

**Division of Corporations** 

One Fifteenth Street, 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:

william o scaife III	
Name of Person	
	_
Firm/Company	
2764 shade tree drive	
Address	_
fleming island, FL 32003	
City/State and Zip Code	
billscaife@aol.com	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

william o scaife III

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

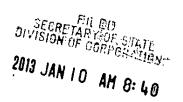
**MAILING ADDRESS:** 

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



One Fifteenth Street, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	bility Company were filed on 4/24/2	and assigned
Florida document number L06000042586	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
LAKE AREA HOLDINGS III, L.L.C.		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new
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 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 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:

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			····	
			Add	
		<del> </del>	Remove	
			Add	
			Add	
			Remove	
			Add	
		· · · · · · · · · · · · · · · · · · ·	Remove	

	f (		
			_
			<del>-</del> -
			_
1/8/2013			
Will	un O.	La	
Signature of	a member or authorized representar	ye of a member	
william o scaife, III	$\nu$		

Page 3 of 3

Filing Fee: \$25.00