

LD 0000067225

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(Address)

(Address)

(City/State/Zip/Phone #)

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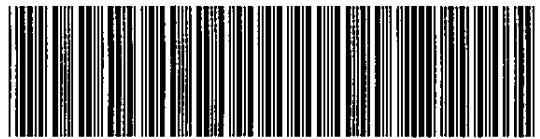
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SEP 15 2009

EXAMINER



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09/14/09--01028--022--\*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 14 PM 3:06

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAKE WALES REAL ESTATE, 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:

LINDA GALE TURNER

Name of Person

LAKE WALES REAL ESTATE, LLC

Firm/Company

15 EDWARD SHORES

Address

HAINES CITY, FLORIDA 33844

City/State and Zip Code

LGT7007@CS.COM

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

For further information concerning this matter, please call:

CINDY WILKINSON

Name of Person

at ( 863 )

605-1445

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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 14 PM 3:06

**LAKE WALES REAL ESTATE, 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 Liability Company were filed on 7/05/2006 and assigned Florida document number L06000067225.

**This amendment is submitted to amend the following:**

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

## 15 EDWARD SHORES

**(Principal office address MUST BE A STREET ADDRESS)**

**HAINES CITY, FLORIDA 33844**

**Enter new mailing address, if applicable:**

## 15 EDWARD SHORES

**(Mailing address MAY BE A POST OFFICE BOX)**

**HAINES CITY, FLORIDA 33844**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**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 Changing Registered Agent, Signature of New Registered Agent**

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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LINDA GALE TURNER	15 EDWARD SHORES HAINES CITY, FLORIDA 33844	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CINDY B WILKINSON	535 SOUTH LAKE STARR BLVD LAKE WALES, FLORIDA 33898	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPTEMBER 10 2009

  
Signature of a member or authorized representative of a member

LINDA GALE TURNER, MGR

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00