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L06000086658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

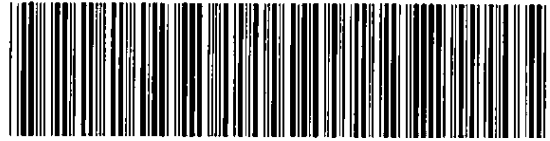
(Business Entity Name)

(Document Number)

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09/07/23--01012--006 **35.00

PROCESSED 11/14/23

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2023

DON FORD
3541 US HWY 441 S #310
OKEECHOBEE, FL 34974

SUBJECT: LAKE HART VENTURES LLC
Ref. Number: L06000086658

We have received your document for LAKE HART VENTURES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 623A00022331

623A00022331

See attached new
amendment
Defal
9/6/23

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Lake Hart Ventures 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:

Don Ford

Name of Person

Lake Hart Ventures LLC

Firm/Company

3451 US Hwy 441 S #310

Address

Okkeechobee, FL 34974

City/State and Zip Code

dford@lakehartventures.com

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

For further information concerning this matter, please call:

Don Ford

772

333-5893

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

6/28/01 15 1:14:47
FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lake Hart Ventures 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 September 5, 2006 and assigned Florida document number L06000086658.

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 contain the words "Limited 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 ADDRESS)

3451 US Hwy 441 S #310

Okeechobee, FL 34974

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3451 US Hwy 441 S #310

Okeechobee, FL 34974

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 605, 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 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

100

ent to 605.0207 (not to be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 31 2023

Don Ford

DOZ FORD

Filing Fee: \$25.00