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B. BOSTICK

OCT 4 2011

EXAMINER

## **COVER LETTER**

TO:		ation'Section n of Corpor						,	•				
SUBJE	СТ	LAKESID	E BABE,	LLC									
Name of Lin				mited Li	ability Co	ompany				-			
		ticles of Ame											
Please r	eturn all	corresponder	ice conceri	ning this mat	ter to the	: IOHOWIN	g:						
	WILLIAM C. HALDIN, JR.  Name of Person					_							
				WILLI	AM C.	HALDIN	I, JR.,	P.A.					
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For furt	her infort	nation conce		-mail address matter, pleas	Ť	sed for futi	ire annual re	port notifica	tion)		SET OF	-3 PH	
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		Name of Fer	, oii	•			Tarea Code (	a Dayimio	стерно				
Enclose	d is a che	ck for the fo	llowing am	iount:					•				
<b>X</b> \$25.	00 Filing	Fee	\$30.00 Fil Certific	ling Fee & ate of Status		Certifie	ling Fee & d Copy nal copy is	enclosed)	\$	Certific Certific	Filing Fee cate of Si ed Copy onal copy	tatus &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						Registration of Clifton Bu 2661 Exec	COURIES on Section of Corporat ailding cutive Cent ee, FL 3230	ions er Circ					

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LAKESIDE BA	ABE, LLC					
(Name of the Limited	d Liability Comp A Florida Limited	any as it now appears on Liability Company)	our records.)				
The Articles of Organization for this Limited I	Liability Compar	ny were filed on <u>Janu</u>	arv 17. 2007	and assigned			
Florida document number <u>L0700007043</u>	·		•	-			
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name o	of the limited lia	bility company here:					
N	/A						
The new name must be distinguishable and end w "L.L.C."	ith the words "Lir	nited Liability Company,"	the designation "LLC	" or the abbreviation			
Enter new principal offices address, if appli	cable:	N/A					
(Principal office address MUST BE A STREI	ET ADDRESS)			······································			
			<u> </u>				
			LAF	8 43			
Enter new mailing address, if applicable:		N/A	A 5	# 2 # 2 # 2 # 2 # 2 # 2 # 2 # 2 # 2 # 2			
(Mailing address MAY BE A POST OFFICE	BOX)		H	<del>∞</del> ;			
			رب بارس				
			DRID.	<del>ာ. ` ` ` `</del>			
B. If amending the registered agent and registered agent and/or the new registered o			records, enterathe				
registered agent and/or the new registered o	ince audi ess ne	<u>ae.</u>					
Name of New Registered Agent:	N/A			···.			
New Registered Office Address:							
		Enter Florida street address					
		, Florida					
		Citv	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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tradewinds Homosassa Holdings, LLC	4450 E. Windmill Drive, Apt. #107 Inverness, FL 34453	Add  Add Remove
MGR	Franciscus Belderbos	1335 N. Timucuan Trail Inverness, FL 34453	X Add Remove
MGR	Quirine Belderbos	1335 N. Timucuan Trail Inverness, FL 34453	
			Add Remove
	<del></del>		Add Remove
			Add Remove
	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	- - - - - - - -
		SEE FLORI	
Dated	Signature of a membe	r or authorized representative of a member	~
	Lakeside Bar & Grill, LLC, Me Franciscus Belderbos, Preside	ember, by its Manager, Taxus Investmen	ts, Inc.,

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00