#L07000070743

09/24/2014 23:05 FAX 4076563486 WILLIAM ASMA PA 001/004

Division of Corporations Page 1 of 1

Florida Department of State

Division of Corporations

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Division of Corporations
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EFFECTIVE DATE 9-25-2014

From:

Account Name : ASMA & ASMA, P.A.
Account Number : I20060000067
Phone : (407)656-3750
Fax Number : (407)656-0486

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: bill.asma@asmapa.com

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LAKESIDE BABE, LLC

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EFFECTIVE DATE 9-25-2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKESIDE BABE, 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 01/17/2007 and assigned Florida document number L07000007043.

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:
(Principal office address MUST BE A STREET ADDRESS)

1241 N TIMUCUAN TRAIL
INVERNESS FLORIDA 34453

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 1236
HERNANDO FLORIDA 34441

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: ASMA & ASMA P.A.

New Registered Office Address: 884 S DILLARD STREET
Enter Florida street address

WINTER GARDEN, Florida 34787
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 Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	PHENIX LB&G, LLC	PO BOX 1236 HERNANDO FL 34441	☒ Add ☐ Remove
MGR	FRANCISCUS BELDERBOS	1335 N TIMUCUAN TRAIL INVERNESS FL 34453	☐ Add ☒ Remove
MGR	QUIRINE BELDERBOS	1335 N TIMUCUAN TRAIL INVERNESS TRAIL	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

E. Effective date, if other than the date of filing: 09/25/2014 **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 25, 2014.

Signature of a member or authorized representative of a member

ANTONIUS VAN USEN

Typed or printed name of signee

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