

LC7 0000 58383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

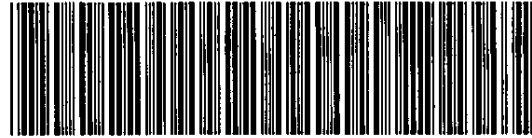
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Lot 20 LCE PARTNERS, 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:

DANIEL S. ZUKOSKI

Name of Person

HNR CONSTRUCTION, LLC

Firm/Company

5448 HOFFNER AVE STE. 101

Address

ORLANDO, FL 32812

City/State and Zip Code

D. ZUKOSKI @ HNR CUSTOM HOMES, COM

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

For further information concerning this matter, please call:

DANIEL S. ZUKOSKI

Name of Person

at ( 407 )

Area Code

275-1326

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

Lot 20 LCE PARTNERS, 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 6/1/2007 and assigned Florida document number L07000058383

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)

ATTN: DANIEL S. ZUKOSKI  
5448 HOFFNER AVE STE 101  
ORLANDO, FL 32812

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ATTN: DANIEL S. ZUKOSKI  
5448 HOFFNER AVE STE 101  
ORLANDO, FL 32812

**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:

DANIEL S. ZUKOSKI

New Registered Office Address:

5448 HOFFNER AVE STE 101

Enter Florida street address

ORLANDO

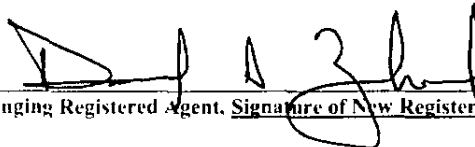
City

Florida

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TALLAHASSEE, FLORIDA  
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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

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>
	<del>DANIEL S. ZUKOSKI</del>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	SABO, FERNANDO	5448 HOFFNER AVE STE 101	<input type="checkbox"/> Add
		ORLANDO, FL 32812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	SOKMENSUR C. YANKI	5448 HOFFNER AVE STE 101	<input type="checkbox"/> Add
		ORLANDO, FL 32812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Handwritten 'N/A' on a series of horizontal lines.

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2018 APR 23 PM 12:33  
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: FILING DATE (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 4/18/2018

Daniel S. Zukoski  
Signature of a member or authorized representative of a member

DANIEL S. ZUKOSKI  
Typed or printed name of signee