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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL .
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATE OIVISION OF CORPORATIONS

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COVER LETTER

	Legistration Section Division of Corporations	;	••
SUBJEC	Lakota Investments, LLC		
CODUD		nited Liability Co	mpany)
The encl	osed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please re	turn all correspondence concerning	this matter to:	
Jason V	Vinkler		
	(Contact Person)		_
Lakota I	nvestments, LLC		
.,	(Firm/Company)		
1495 Pe	ecos DR		
	(Address)	· · · · · · · · · · · · · · · · · · ·	
Ormond	Beach, FL 32175		
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	_
For furth	er information concerning this mat	ter, please call:	
Jason V	Vinkler	919 at (395-7465
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed \$25 Fi	please find a check made payable iling Fee		Department of State for: g Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
_	ion Section of Corporations		Registration Section Division of Corporations
Clifton B	uilding		P.O. Box 6327
	ecutive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lakota Investments, LLC			
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab		and as	signed
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L	L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	¥SE
		A A	<u> </u>
Enter new mailing address, if applicable:		7	OF ARE
(Mailing address MAY BE A POST OFFICE BO	0X)	>	PROU
		4	S I A
		S	
B. If amending the registered agent and/or	registered office address on our records, ent	er the name	of the nev
registered agent and/or the new registered offic	ce 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 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>	Address	Type of Action
MGR	Fred Winkler		Add
		822 Summer Bay Dr., St Augusti	■ Remove
			Change
MGR	Jason Winkller	1495 Pecos Dr., Ormond Beach,	■ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
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			Remove
			☐ Change

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	05-05-2018	
te: If the date inserted in thi	must be specific and cannot be prior to date of filing or more the sblock does not meet the applicable statutory filing reque Department of State's records.	
record specifies a dela The 90th day after the	yed effective date, but not an effective time, record is filed.	, at 12:01 a.m. on the earlier $\mathfrak c$
May 5th	2018	
\ _	Signature of a member or authorized representative of a re	A /

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00